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John William & James Steep

delivered by

Dr. J. W. Steep  
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Notes taken upon Lectures  
delivered by  
Prof. Wm. Peppes  
on the Theory and Practice of Med.

J. M. Howe. Oct. 13/16. Cg.

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## Lecture No. 1.

Diseases may be divided into two grand classes - those in which the blood is primarily affected - and those in which the solids are disordered.

### 1. Chief constituents of Blood

Fluid contents or *Liquor Sanguinis*  
in 1000 parts.

Albumen	70	Salts	6
Fibrin	2.5 to 3.5	extractive	5 to 6.
Water	780		

### 2. Undissolved or floating.

Red corpuscles 120 to 140 Iron {about .50

Colorless " 1 to 300 or 400 Red.

Oil globules

First will be noticed those diseases in which the character is not febrile. Secondly will be discussed those in which Fever is particularly

noticeable. Belonging to this first class we would cite Plithora - which may be defined as being a fuller state of the bloodvessels than is necessary to health. Plithora is rather a raging on disease than disease itself - It is not so apt to occur in youth as in adult life. The reason is evident - in youth development and growth use up the blood. In some people Plithora is prevented only by severe exercise. Over eating is a fruitful cause of this disease. At the "critical period" in female life Plithora is apt to found.

Symptoms. Are slowly developed. The one suffering from



Oct. 13. 63

Lecture No. 1.-

One strong predisposing cause to disease, is, a feeble organization. Many at birth inherit a peculiar diathesis thus some a cancerous, scrofulous, rheumatic, gouty or scorbutic diathesis. Intermarriage among relations is a strong cause of disease. It is probable that a short neck and a large head is a strong sign of a predisposition to Apoplexy. Malformation of the chest is apt to cause disease of the Heart. Grief, excessive study, over exercise, and the use of alcoholic stimulents, as also sudden gusts of passion causing undue excess of blood to particular parts are powerful agents in the formation of disease. In infancy there is a proclivity to skin diseases owing to the delicacy of the skin: at this period also, as the liver is unmarkably large there is a tendency to jaundice

vomiting etc. The heads of Infants being large there is a tendency to convulsions. Puberty is another stage at which disease is common both in the male and female. Animal growth is about completed and the actions which caused its growth are now no longer needed. Heat and Cold are strong influences in the formation of disease.

Electricity is a strong agent in the propagation of disease - in neuralgic and rheumatic persons electricity is found in but small quantities. This agent is very strong also in the treatment of disease. Thus ~~Electricity~~ when treated with often immediately be removed. The chain is introduced into the wound and Electricity thus applied



it appears to be in remarkably good health - If now he will exercise very much, and practice abstinence, all consequences will disappear - Sight less distinct - Vertigo - Sleep heavy, snoring - unrefreshing - Appetite failing - Bowels become constipated - Hemorrhages - Tendency to convulsions - Various rums - Heart apt to be come involved - Blood drawn from a vein is peculiar - noticed to be dark - heavy - thick Andral in his investigations found that there were 14 more red globules to the 1000 than in the healthy state - It is probable that all the constituents of the blood are equally augmented -

Treatment. If immediate relief is needed it becomes necessary to bleed. If however the symptoms are not urgent it is advisable to relieve the disease by dietetic measures. In this way preventing too great a supply of material for the manufacture of blood. Purgation is another means we have of eliminating the blood. Saline cathartics should be employed. Exercise.

Senes Plethora. That condition in which the relative quantity of red globules is diminished - and the watery constituents are increased. This may follow from the direct loss of blood or matter from what causes



Epidemic maladies come at irregular times. It augments the violence of diseases already existing. An Epidemic's duration is irregular. The malady or malignant feature of an Epidemic decreases with its duration. It travels against the wind. Endemics are generally local, and may remain throughout the year or it may return at marked periods. Malaria is caused in three ways by Heat, Moisture, and Vegetable decomposition. Frost always removes it. rain if heavy is often thought to wash it away. Neither heat, nor moisture, nor vegetable decomposition alone can cause malaria. It (malaria) has great specific gravity and therefore hugs the earth and is therefore in the lower strata of the atmosphere. Malaria is conveyed

by the wind - Physicians do not often  
carry contagious disease - The reason is  
he does not remain long enough with  
his patient to receive the poison - nath-  
er does he always touch him - If  
two contagious diseases exists in  
a patient at the same time the  
more powerful one will usually  
supplant the weaker - and after  
it has run its course, a mild form  
of the weaker one will ensue -  
Sometimes the germ of a contagious  
disease preexists, and therefore the  
circumstances bringing on the disease  
cannot always be accounted for

Simiology <sup>a sign</sup> - something occurring with  
disease - a symptom is not always  
attendant upon disease - The  
pulse is one of the most constant  
signs in health and disease -



Nature disliking a vacuum  
makes up for it with what  
ever is at hand - This is  
water - Therefore the serum part  
of the blood is increased im-  
mediately - making the condit-  
ion known as "Dropsy Plethora"

Symptoms - Coldness of the extrem-  
ities - Numbness - Distention  
of the blood vessels - Tenderness,  
and in fact often actual  
apoplexy - The globules some-  
times go so low as to be in the  
proportion of 111 to 1000 -

The proportion of Albumen  
also decreases - Dropsy is  
one of the most frequent ef-  
fects of this condition - The  
apoplexy found in this con-  
dition is not proper sanguin-  
eous apoplexy - Serum rather

is effused - usually  
upon the Brain - but some  
times within the muscles -  
Treatment: Purgation and  
a Tonic plan. Bleeding is  
not usually advisable, for  
this takes off with the liquid  
the solid constituents - For

Anaemia - Spandaemia -

The first means lacking of the  
vital fluid. The latter sig-  
nifies poor blood. The causes  
are numerous. Direct loss  
of blood. Haemorrhoids -  
Febrile diseases - especially  
when of long duration, such  
as Typhus and Typhoid -  
From that we may conclude  
That it is not advisable to



But the pulse cannot be considered an absolute symptom alone - thus the heart might be acting strongly and some imperfection existing in the arteries - and therefore one might suppose that the heart was disordered - to obviate this the ear should be applied over the heart at the same time that the state of the pulse is inquired into. A jerking beat of the pulse is usually caused by wrong action of the semilunar valves of the aorta allowing the blood to regurgitate - A pulse is said to omit when it loses a beat. If persistent irregularity in the pulse exists one may entertain strong suspicions of heart disease - It is often found that the heart is beating one might suppose at the rate of 200. yet on examining the pulse it is found only to be 100 - why is this? In health the sides of

the heart supply respectively the  
pulmonic and the systemic ven-  
ous at one and the same time in  
disease they often act alternately  
making the pulse appear twice as great  
as it really is. In Hypertrophy of  
the heart the pulse is often very strong  
and one might be almost led  
to bleed the patient - but this would  
be a serious error. In anemic  
persons a thrill sometimes exists  
in the pulse of the carotid artery  
this is due to a watery condition of  
the blood and a lack of tonicity in  
the walls of the artery - or it may be  
a sign of organic disease of the heart.  
One should never examine the pulse  
when first entering the room of a  
patient. he should also be sure  
that no clothing confines closely the  
arm. The temperature of a body



is not a very restricted diet  
in these low diseases. Pri-  
vation of light and pure air  
may be also mentioned as  
causes of Anæmia. Instances  
of this may be seen in the  
miners, who live mostly in  
the dark and in bad air.  
Dampness also adds to the  
unwholesome influences. Im-  
pure exhalations. Secondary  
Syphilis. Phthisis. Scrophulous  
Cancer. There are certain mor-  
al or depressing emotions which  
prevent the elaboration of red  
corpuscles - such as grief - fear - pain  
and so forth. After hemorrhage  
there is a superexcitation of the  
heart's action - a throbbing of the  
carotids - intolerance of light and  
sound - pain in the head - some-

Traces convulsions. This may be called the acute form of Anæmia. In the more chronic form we have a pale skin - with the blue tracery of the veins on all parts of the body. There is a slow filling of emptied veins - The sides of which fall before the middle, making a double blue line. Conjunctiva is white as marble. Upon auscultation there will be noticed a sort of blowing murmur, not only in the heart, but also in the larger arteries. This blowing is intermittent. This however is not perfectly characteristic but if we listen to the venous circulation, especially in the Jugular, we will hear a constant purring - resembling somewhat the cooing of doves. This sound is in fact musical. Some



is usually about (in the adult) 98 - when it ranges over a 100 it may be considered pathumonic. In children the temperature is some what higher - than 98 as also in the Female - When the sense of touch is partially lost it may be an indication of approaching apoplexy though it is not always so as it often found in gassy patients - It may frequently be relieved by a laxative and friction.

We sometimes meet with double vision. When this continues it is probably due to organic disease of the (~~Heart~~) Brain. This may however occur more or less persistent without any disease of the Brain. The sense of the ear is of often prevented. Deafness often exists with disease of the Brain. The sense of taste is also often prevented, this frequently exists with low form

of fever. Under certain circumstances the sense of smell becomes very much altered. This alteration has been noted accompanying Pneumonia, Organic disease of the Brain. "Pain" is often consequent upon pressure upon the nerve, and the sensibility of pain is found at the other end of the nerve. Pain is often relieved for a time by the effusion of serum from the blood, thus taking away the pressure from the nerve. Pain is often remote from the seat of Inflammation, thus in disease of the Liver pain is frequently felt in the right shoulder. "Delirium" is an acute disturbance of the Intellectual function. The difference between Delirium and Insanity is, that the latter is chronic, and the cause cannot be detected. The first is of comparatively



suppose it to be due to the vibration of the valves of the veins. If the patient be very nervous as commonly called - This cooing will be made even if the condition of the blood be normal. It may then be due to nervous contractility of the blood vessels. There is a feeling of sinking or fainting frequent in this disease both being brought on by slight causes. The limbs show the nervous condition in their liability to sleep, or in their tendency to twitching - this may even go on to convulsions. The bowels are usually constipated. If the symptoms be severe the contents of the bowels may act as an irritant and diarrhoea will be the consequence. Anemic persons are liable to

febrile diseases, and anaemia is a very bad complication to fever. The duration of anaemia is variable - if due to wounds the blood is reproduced with rapidity - if due to defective nutrition the reparation is slow. There is an instance on record in which the red globules decreased in number so as to be in the proportion of 21 to 1000. The usual decrease is 100 to 1000. The appearance of the blood in anaemia is light - and the clot is small. Treatment - When due to traumatic causes - absolute rest - liquid diet - beef tea - wine and so on are needed. Transfusion has been practiced in some ex



short duration, and the cause can be discovered. Thus it accrues from great frustration in many instances. There are two forms of Delirium, active and passive. The one in which the patient wishes to move and be boisterous - the other in which he carries on conversation with those not really present. Temperament must be taken into account, nervous persons being more liable to it than others.

It is very necessary always to examine the discharges per anum - and also the urine - for there we may often discover pus, albumen, blood corpuscles - or tape worms. With the help of the microscope and chemistry we may often be able to make a correct diagnosis of a disease which if the above discharges

and the urinary excretions were not examined by the microscope & chemistry we could have no idea of what the disease might be. Diet must be taken into account. Even vaccination is often fraught with danger when practised on a pregnant female. Small pox is nearly always fatal under similar circumstances. Age must not be overlooked. Thus eruptive diseases in children are much more easily and effectually treated. Pulling of the jaw, drawing back of the mouth are symptoms which are very alarming.

"Irritation" is an excited vital action short of Inflammation. Irritability of a part does not necessarily involve a determination of blood to the part. In nervous females



Turner cases, and with benefit. Beef is the very best meat to give to persons in this anæmic condition. "don't give veal or fish - and above all don't give Pork which is unhealthy in all forms." Iron - any preparation is applicable -

Chlorosis - Pale yellowish green complexion. There is a deficiency of red blood corpuscles connected with disorder of the catamenia. Sometimes called The "Green disease". Found usually in females but sometimes occurring in males and found in both just after the age of puberty. It is more apt to occur in those who are in

love. The appetite is depraved  
as also the digestion. This di-  
sease is not nearly as frequent  
among married women as  
unmarried or as in wid-  
ows. Causes. Wasting dis-  
charges - impaired nutri-  
tion - disappointed or crossed  
love. Mixed with the palor  
there is a tinge of green or yell-  
ow. The color of the hair is  
sometimes changed. The ap-  
petite is altogether depraved.  
The girl will eat lemons - chalk  
slate pencils - and even dirt -  
she will also drink vomegem.  
Constipation is most fre-  
quently found. The stools some-  
times occurring only once in  
a week. The breath is some-  
times horribly fetid. Mus-



suffering with dyspepsia exercise should not be proscribed - but not should be advised until irritability or excitability can be collected in the system. If irritation occurs in a patient having a gouty diathesis - it will most probably cause gout. Leucorrhoea is often due to congestion. The indication in congestion is to decrease the action of the heart. This may be done by arterial sedatives. This is only applicable to active congestion. Passive congestion must receive local treatment, and sometimes stimulation. In certain individuals having active congestion it becomes necessary to resort to depletion. Severe vomiting occurring in Typhoid - and females is best allayed by causing them to swallow small pieces of ice.

Inflammation may occur independent.

dent of the circulation or the nerves  
and be due to cell irritation. This  
is the belief of Virchow and it is largely  
accepted though not universally.  
Inflammation commences by the  
vessels contract - but soon they di-  
late and if the irritating agent be still  
applied the vessels will remain  
enlarged and congested, and if  
still longer applied the circulation  
will come to a total stand still in  
the part. In warm blooded an-  
imals the number of the white cor-  
puscles is not believed to be aug-  
mented (Paget). There is but little  
pain in Pneumonia on account of the  
character of the tissue of the lungs. The  
swelling of inflammation is partly  
due to the augmented quantity of  
the blood - but it is also due to the  
abnormal growth of the cells, or in-



cular strength is extremely variable  
in Chlorosis. After severe exertion  
however there is always an equal  
amount of reaction, and the pa-  
tient sinks into a perfect state  
of listlessness. Sometimes the di-  
sease takes on the hysterical  
form. The girl will have frequ-  
ent crying spells. Sometimes this Chlo-  
rosis goes on to confirmed insan-  
ity. Headache is an almost con-  
stant symptom. This is sharp  
and lancinating. The catamen-  
ia is almost always deranged.  
There is sometimes a suppression  
of the menses and Leucorrhoea.  
There is more frequently however  
profuse menstruation. When  
Chlorosis occurs before puberty  
it is often spontaneously cured  
by its appearance. Skroto

it however not be found un-  
til the catamenia are estab-  
lished it is not, except in very  
rare instances cured by na-  
ture alone. Chlorosis is then  
merely anaemia with other  
symptoms superadded.  
We must avoid confusing  
this disease with organic di-  
seases of the heart; more es-  
pecially of its valves. The  
murmur heard in organic  
disease of the heart, being due  
to the roughness of the valves,  
is not musical but is <sup>very</sup> dry  
rough, in Chlorosis the sound  
is distinctly musical. In  
diseases of the heart, it is not  
frequent that more than one  
valve is diseased, in Chlo-  
rosis the murmur is heard



creased cellular action as taught by Virchow. If inflammation becomes widely spread it is apt to become Constitutional. This state is caused through the medium of the Heart. The presence of Fibrin in the blood cannot be the immediate cause of Inflammatory fever for often after the cessation of the fever fibrin is still found to be present in the blood, yet they seem to have a connection with each other. By resolution it means that inflammation may cease without injuring the part affected. By some it is denied that this can ever occur. In inflammation of the Serosa membranes serum is effused, followed by the effusion of lymph, this was the belief received before Virchow caused such a revolution in pathological beliefs. He acknowledges the effusion but he denies that cells are contained

In early life the blood abounds in Fibrin, and therefore the exudation will be fibrinous and thick. It is now believed that pus does not dissolve the tissue, but pus must be healthy in order that it may not corrode. The surrounding tissue breaks down & makes pus. Pus some times enters the circulation but the pus cell is too large to be conveyed through all the blood vessels and it therefore causes stoppages and forms abscesses in various parts of the body. Pus usually gets into the circulation when the veins are diseased and discharge pus into the blood contained. Pus cannot be absorbed as pus but must <sup>under</sup> go chemical change it is supposed that it goes into fatty degeneration. Hence the pus of an abscess may be absorbed and the ab=



belly over the cardiac region.  
Chlorosis is frequently con-  
fused with or mistaken for  
Phthisis: auscultation and  
percussion if carefully applied  
will prevent this error.

Treatment - Always inquire  
into the mental influences  
about the patient, for without  
this we look for a medicine  
which will do little or nothing to  
relieve the disease. It is frequently  
confused with Phthisis - but  
auscultation and percus-  
sion will prevent this error.  
Treatment - Always inquire  
into the mental influences  
about the patient. For  
without this medicine will  
do little or nothing -  
Sometimes enjoyment of the

It should be brought to  
bear to the cure. Abrupt  
Changes in life and scene  
should be given to those  
who have the disease due  
to mental influences -  
Exercise - but in mod-  
eration - it must be  
moderated according to  
the patient's bearing to  
Passive exercise - Skin  
poultice - Friction - and so  
far must be employed  
in order to prepare the  
muscles for actual ex-  
ercise - Nutrition diet  
in the small doses -  
Seltzer water - Sweet meats  
pickles confectios &c  
all are inadmirable  
as articles of diet Soap



cess disappear. Softening may be caused by imperfect nutrition. Inflammation is a cause but by no means the most common cause of Gangrene. Erys has caused Gangrene, this is explained in a number of ways. one is that it causes inflammation and contraction of the vessels. Gangrene occurring in an internal organ not exposed to air does not always nor generally cause discoloration nor fetid odor. The explanation of this is, that the air not being admitted no chemical change in the pus undergoes. Treatment of Inflammation  
In superficial acute inflammations any applications which will contract the vessels should be used. Capsicum, Lead water are useful in Inflammation. the first would be used in inflammation occurring in

the throat. Cold - in the form of water or ice is useful in superficial inflammation but not in deep seated without it occurs in the Brain - Local depletion is useful - but do not draw blood from the inflamed part directly but apply the cups near the part or organ. Heat and moisture cause dilation of the blood vessels and in advanced stages of inflammation are very useful applications - but they tend suppuration therefore we should not employ them when we do not look for this termination. Blisters and liniments over deep seated inflammation retards it on the principle of absorption.

In external inflammation local applications should be employed - a



if not concentrated are not  
very nutritious - for water con-  
tains so largely into their com-  
position. A variety of food  
must be given - Iron and  
tincture must be given - If iron  
not be given the stools will  
present a black aspect - The  
first change noticed after  
the employment of the sep-  
edly is a reddening of the  
formerly pallid skin - Sleep  
is better - Saturated solution  
of Potassium is one of the very  
best preparations. Food of  
Iron may be used in Sym-  
phatic patients. - If from  
undue susceptibility  
the stomach cannot bear  
Iron this susceptibility  
may be blunted by the

employment of Bismuth -  
with well blent to them  
Iron may be used - By  
plunging red hot iron in  
to water we make a very  
useful caliche to treat  
Empysem Purgative - by  
this means we stimulate  
the bowels and under  
them more eager for di-  
gestion - Iron may be  
employed - Concerning Lari-  
ta and Galap - Mues  
in some form may be em-  
ployed and is especially  
useful when there is an  
inflammation -

Lucernia - Lucerna  
min - White Blood -  
A rare disease - But



Belladonna plaster is found useful. When "proud flesh" occurs the granulations are flabby and is due to imperfect nutrition the indication is therefore to stimulate. Ulcers occurring in low fevers should also receive the same treatment - tonics stimulants, and very nutritious food must be employed. The Bromide of Potass. has lately been used very much as an application in Gangrene - it may be either used in its natural state or diluted. It seems to stimulate healthy inflammation. Poultices in which Charcoal enters as an ingredient is an excellent application to Gangrene. In atrophic inflammation where the blood is disordered - it becomes necessary to uphold the powers of life this must be done by stimulation and nutritious diet. Iodide of Potassium is an article universally conceded to be

an excellent treatment in Syphilis  
or Emorrhoea. Blood does not  
begin to coagulate for some 15 minutes  
after being drawn. and the coagu-  
lation does not become perfect for 10  
or 12 hours. If the blood be drawn  
quickly coagulation will take place  
soon - and vice versa. In inflam-  
matory fever cupping or bleeding is  
indicated, after that artificial sed-  
atives should be employed. An-  
timony is one of the best articles to use.  
it must be employed in small  
doses. Opium is more or less an  
artificial sedative - and is also a  
potent remedy in allaying in-  
flammation - it also lessens pain  
but it causes congestion, in order to  
avoid this calomel should be  
used with it.



an excess in the quantity of the  
white corpuscles. In Malaria,  
the white corpuscles do not  
go on in their development  
to the production of the red discs.  
Enlargement of the spleen is one  
of the symptoms as also an  
enlargement of the liver. As  
a result of <sup>the enlargement of</sup> these organs there  
is a serous fluid in the Ab-  
domen known as ascites. Dr.  
Stillé is not ready to accept  
this explanation of the predo-  
minance of the white corpuscles.  
He queries if it is not due to  
the disease of the spleen and  
other blood making organs  
thereby not elaborating red  
blood discs out of the chyle  
corpuscles. There is pain  
in the abdomen due to the

Ascites. Dropsy. Pleurisy  
or Constipation.  
Hæmorrhage. Hæmiplegia.  
Paralysis and  
Death. The clots found  
in the heart are soft and  
greyish. The diagnosis of  
this disease is to be made  
upon the grounds of the  
enlargement of the spleen  
and the impoverished  
condition of the blood.  
The blood should be ex-  
amined under the mi-  
croscope. No amount of  
any Remedy can have the  
least influence in the cure  
of this disease there is  
therefore no treatment.

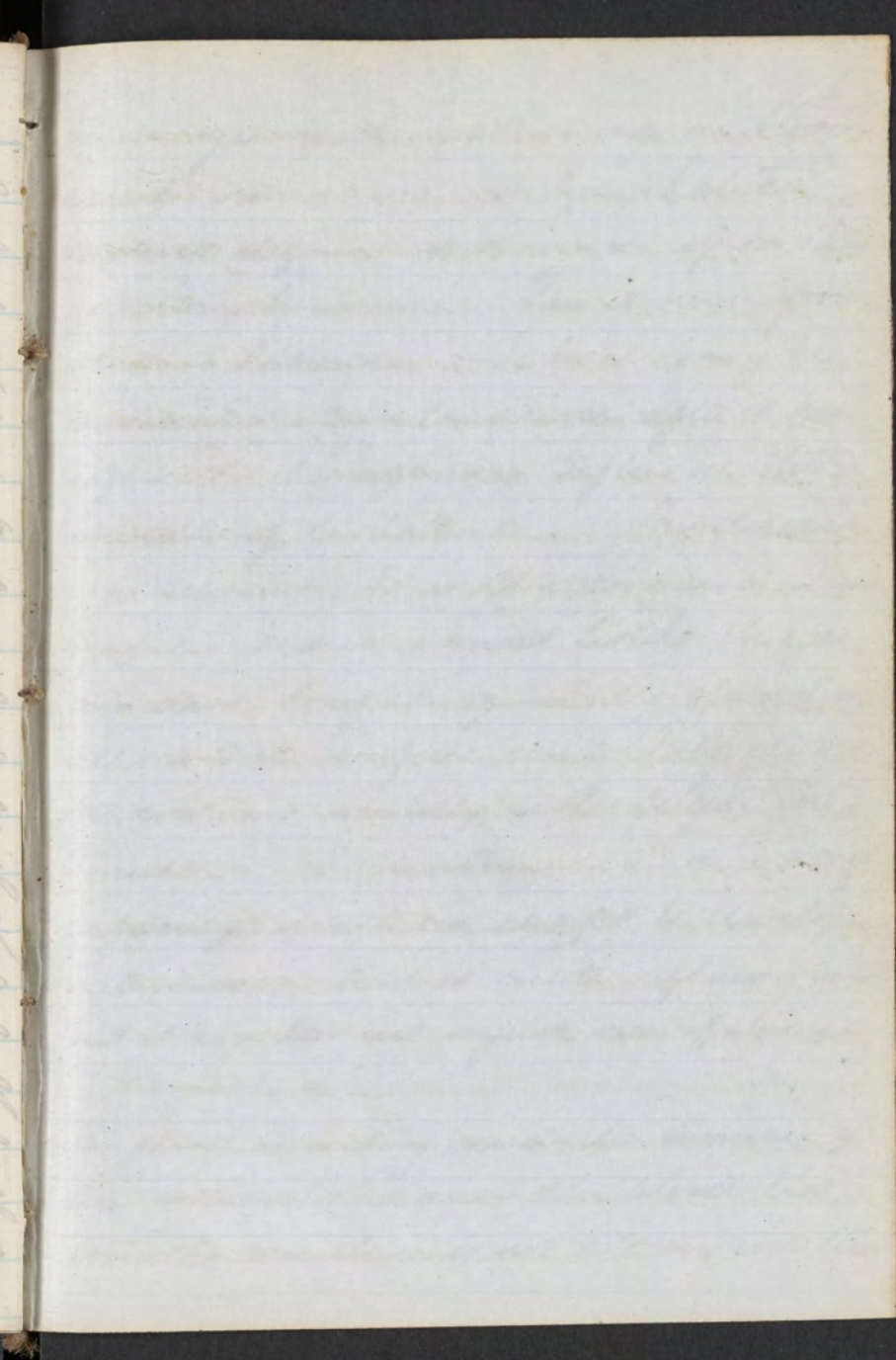


Depression - This is generally due to passive congestion. If it be merely debility that exists it will not always answer to employ Stimulants for that may cause congestion of the Brain. but if positive depression exists, the indications are to use Stimulants and Tonics. Fatty degeneration, "this may affect any organ - or the whole system. Fatty deposit" is often confused with fatty degeneration - but this is a palpable error, for fat may grow on an organ, for example the Liver, this is fatty deposit, but fatty degeneration consists in this substance collecting between the different molecules of the organ. This need not necessarily enlarge the organ for most generally the organ affected is atrophied. This disease is most apt

to occur in "high livers," but this rule does not always hold true. The brain is very apt to undergo fatty degeneration, as also the cornea of the eye, which in this state is very apt to be an index of what is going on in the brain. The heart, liver, and kidneys are also liable to fatty degeneration.

Tubercle. These are most frequently deposited in areolar or cellular tissue. If the infiltrated tubercle occur in any organ the organ is completely saturated with tuberculous matter. The commonest color of Tubercle is (most cases) grey or yellow. but this may be stained thus in Melanosis it is black. The Tubercle corpuscle contains no nuclei. A Tubercle is believed to





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be unorganized, containing no blood  
vessels nor nerves nor lymphatics.  
Virchow differs in opinion upon this  
question however. Pus is never form-  
ed from Tubercle. Tubercle may be  
eliminated by ulceration after it has  
softened. This softening begins in the  
middle of the Tubercle. This disease  
is hereditary. It is often confused with  
Scrophula but it is most likely this is  
an error. Scrophula generally shows it-  
self upon the surface and Tubercle on  
the contrary usually takes place in-  
ternally. Inflammation in one of  
tubercular diathesis is apt to develop  
Tuberculosis. That is acute inflammation,  
but it would not injure one of strong

The blood is watery, and the number of  
red corpuscles is rare, the blood clot is  
small, but there is not a diminution

of Fibrin in Tuberculosis. General principles of treatment in this disease. The quality of the blood must be raised. Tonics should be employed. Regular exercise. Iod. of Potassium is very useful in this disease. The offspring of (of) a mother of a tuberculous diathesis should be raised by a wet nurse.

Cancer. carcinoma. named after a crab. The term scirrhus is used to denote the early stage of Cancer. A malignant cancer is of rapid growth - its tendency is to ulcerate and to destruction and death. and it tends to assimilate all organs to its own condition. The early development of Cancer is identical in all varieties. When the scirrhous cancer is cut it will per-



The first of these is the fact that the  
 human mind is not a blank slate at birth.  
 It is a complex of ideas and feelings  
 which are inherited from our ancestors.  
 These ideas and feelings are the result  
 of the experiences of our ancestors.  
 They are the result of the struggles  
 of our ancestors for survival.  
 They are the result of the triumphs  
 of our ancestors over adversity.  
 They are the result of the failures  
 of our ancestors in the face of  
 death.





smth a smooth structure, it is fibrous, and between the cans the "canal" as it is called, is found. This is grey. This variety grows very slowly. It contains no blood vessels or nerves but it does contain lymphatics. in the advanced stage it will contain an albuminous liquid. When examined by the microscope the "Cancer cell" may be seen. These cells are of a great variety of shapes. It nearly always takes place in middle stage of life. It is most apt to occur in the mammary gland. It does not tend very much to suppurate. The Colloid cancer is much like the variety just described. It usually occurs in the pyloric orifice of the stomach. or the rectum. it may extend over a large part. It contains veins - but there are in the contained

in the included structure more than in the cancer structure - The Encephaloid cancer - grows very rapidly - and becomes enormous by length, it may occur in any organ - When cut there is a liguid found resembling cream very much containing red spots. This variety is very vascular - It resembles the structure of the Brain - The soft or "Medullary Cancer" contains very little fibrous structure. This variety may occur in any organ. As cancer is so highly organized it may present all conditions found in normal structure - It may be inflamed, or may have cysts formed in them - they may ulcerate or suppurate - From under mutation due to the cancer cell

Fever - In this condition fever  
is all that is demonstrable  
as disease - but the nervous  
system is so intimately con-  
nected with any derangement  
of the vascular system that  
the one can not be diseased  
without an unhealthy con-  
dition of the other. Some-  
times the quantity of fibrin  
diminishes so much as to be  
in the proportion of 1.6 percent.  
it will not then coagulate.  
Sometimes the blood forms a  
number of small clots or  
is what is known as grumous.  
This diseased condi-  
tion of the fibrin is most  
strongly marked in Yellow  
and Typhoid fever. less  
so in Typhoid and Re



metamorphosis - and also them  
All in Inter metamorphosis

Professor Stettin believes that  
in each one of these diseases  
there has a special poison  
introduced the system - capa-  
ble of reproducing itself -  
These poisons interfere with  
the vitality of the blood -  
An improved vitality of  
the blood is then the first  
feature of these febrile af-  
fections. This temporary  
vitality is due to atmos-  
pheric powers - taken in  
by the lungs - this power  
breaks down the fibrin -  
showed in also during  
the red blood does death  
will never -  
Effeminate fever - Has two

preventing the entrance of nutritive substances. The cancer may become gangrenous.

There is or may be a cancerous death-osis, or the cancer could not be healed. Pain is not a constant symptom of cancer - except in "hard cancer". Hemorrhage is likely to occur in Cancer. Soft cancer often closely resembles an abscess. The Prognosis is almost always fatal. In young persons cancer grows more rapidly than in adults. Cancerous matter may be inoculated and produce cancer in a cancerous diathesis.

Cysts. These may occur in any organ. They have no independent growth of their own, and can therefore be but rarely acted upon by any drug. Cysts

are most apt to occur in the M. P.  
m. A true cyst is prevented cell  
development. Parasitic Animals.  
Hydatids <sup>eggs</sup> contain these animals  
and they are supposed to cause  
the prevented cell action. Fever  
(In general). The cold stage or  
chill does not often occur in Chil-  
dren. The nails are apt to become  
blue. There is no such thing as  
continuous fever in reality. The  
cause of fever enters <sup>by</sup> the respiring  
organs.

The most common form of intermittent  
fever is the Tertium Ague which occurs  
every 3 days. The chill, which generally  
takes place at mid day lasts about  
half an hour. There is another form  
called the "double tertium" in that the  
chill takes place as usual at 12 am



no fever yet - and last  
but on day <sup>usually</sup> and closes with  
either a diarrhoea or a  
Scurvy. Most apt to occur  
in the young. The menses are  
very numerous - indigestion  
excessive eating - great fatigue  
and so forth. Pain in the  
back - pain in limbs - anasar-  
cous - urgent desire for cold  
disgust of food. There is often  
an eruption of Herpes on the  
lips & genitals after the disease  
has left. There is no promi-  
nent symptoms - the fever  
comes on immediately or  
late in this respect Typhoid.  
It is noted in Review for  
Intermittent by the besombed  
ed White. Treatment -  
Purging. Cooling drinks - Op.

in some degree. If due  
to imprudence or due an  
action of Spicae maybe  
employed. an infusion  
of Camomile or Bismar  
may be used for the same  
purpose.

Continued Fever. Caused  
by Heat. Over exertion.  
Fatigue with anxiety of  
mind. Delirium. With  
out premonitory symptoms.  
Of from 7 to 10 days of  
duration. usually ends  
without any distinct  
convalescence. Pulse  
from 109 to 112. No ten-  
dency to dulness of  
the mind as in Typhus  
Loss of Appetite. Brown

and another in the evening - every day.  
The age of the individual has its influence upon the kind of Fever. Thus the vigorous are most likely to have tertian fever. Intermittent fever is likely to show itself locally. Thus what is called "aching brow" is probably due to malaria and indeed most affections occurring at regular intervals are due to malaria.

Prescribe if possible a pangenem. Emetics are some times used but this is not a good remedy. Opium is sometimes employed but this is not desirable. Do but little in the cold stage. In the pernicious fever in which the pulse is very weak and small, stimulants such as brandy and water should then be used. During the intermission of the disease measures should be taken to relieve it. A mild lax.



ation may be used. followed  
by from  $\text{I}$  to  $\text{v}$  gr of Sulphate of Quin-  
ina. Fowler's Solution in doses  
of  $\text{v}$  to  $\text{tt}$  gtt immediately after  
meals forms a good prescription.  
The best article used in this dis-  
ease is Quina Sulph. In the  
Portian pills containing  $\text{j}$  gr taken  
every hour is sufficient, but when  
the attacks occur every day larger  
doses must be taken, even  $\text{v}$  gr  
at a dose - enough should be  
given in fact to use  $\text{I}$  to  $\text{v}$  gr be-  
tween the paroxysms - Cin-  
chona is often as good a rem-  
edy in this disease. Table salt  
may be used when the for-  
going remedies are at  
hand. Sometimes the stom-  
ach will not bear any remedy  
than an emma may be em.

in Tongue - with depression -  
This brownness is not a sure  
evidence of fever for breath-  
ing with the mouth open will  
cause it - Not often vomit-  
ing - if any it occurs at the  
beginning of the fever -  
Abdomen indolent and  
soft - Urine red and  
scanty. The fever usually  
falls between the 4 & 5th  
day - This may be regard-  
ed the crisis. There is often  
a bleeding of the nose - but  
is not critical. Sometimes  
there is an eruption - of an  
well formed about a quart  
or of an inch long. This is  
unlike Typhoid eruption.  
This eruption does not at  
ways exist - It might

be confused with Typhoid.  
But Typhoid of all di-  
seases has prominent  
symptoms. It would  
be distinguished from  
inflammatory fever by  
the absence of local dis-  
seminations. Treat-  
ment same as that  
of Typhoid.



played of Guinea. On the 7th-14th  
21st <sup>day</sup> a return is very apt to occur, so  
the use of Quinia or Bark should be  
persisted in and on these days at  
least 12 gr should be employed.  
The upper rooms should be chosen by  
those liable to Intermittent Fever, and  
they should not go out into the open air  
either early in the morning or in the  
evening. Remittent Fever usually  
 ushered in by a severe chill, flushed  
face - bounding pulse, intense pain  
in the back. This disease is simply  
another form of Intermittent. The  
liver secretes an excess of Bile, and  
the organ is often large. Gastric Remittent  
Fever often resembles Enteric Fever.  
The prognosis of this Fever is generally  
favorable. But if of the Pernicious or  
Congestive variety the prognosis is very  
uncertain. In some a milder form

of this disease in children we may  
have delirium, but this need not  
cause any concern. it would  
though in adults. The cause &  
the treatment is the same as in  
Intermittent Fever. The liver in  
"Remittent" is engorged and dark  
and has been aptly called a  
bronze liver. The Spleen is often  
enlarged in this affection but  
not as frequently as in "Intermit-  
tent".

Treatment. Bleeding is not usually  
to be resorted to. it may be well  
in Inflammatory cases. Mild  
or Laxative cathartics. ʒ gr of Cal.  
ap or the same quantity of Calomel  
may be employed. Diaphoretics  
are useful such as Spiritus Menth.  
dill. Soothing washes may be







employed

Camptor ~~Spix~~ gr x-x-

Sulph Ether or Cal. Ether  $\text{℥ss}$

gtt ~~xx~~ in a wine glass full of water  
very hot will usually allay the  
sickness and irritability of the stom-  
ach. Sulphate of Quina is the main  
substance to be relied upon. When  
the shocks occur widely apart small  
doses of Quina may be given - but  
when they follow closely on each  
other large doses may be given -

Yellow Fever. Usually occurs or be-  
gins with a chill - severe pain in  
in back and loins - mucous vomiting  
without bile. Great tenderness over  
the epigastrium. The remission is of  
24 or 72 hours. Black vomit which  
is merely blood. Blood seems to ex-  
ude from many of the mucous mem-

Thus the gums and nose are very apt to occur. The tongue is usually very red & deeply furrowed. The eye usually blood shot. Mental disturbance and delirium is often not former in Yellow Fever. The disease does not usually prove fatal until the fifth or often not until the tenth day. The urine is mixed with bile. The skin is sometimes Canary color and sometimes darker. There is no trace of Bile in the alimentary Canal. Occurring in Children and old people it is apt to prove fatal. It is most likely to occur in the Fall of the year. Dr. Pepper does not believe that this disease is contagious: a few of his reasons are, that, neighbouring towns to one infected by Yellow fever are





The first thing I noticed when I stepped  
 out of the plane was the bright sunlight.  
 It felt like a warm blanket after a long  
 flight. The air was fresh and clean, a  
 stark contrast to the stale air of the  
 cabin. I took a deep breath, feeling  
 the sun on my face and the breeze on  
 my skin. It was a wonderful feeling,  
 like I had been reborn. I looked  
 around at the people walking past me,  
 some smiling and some looking tired.  
 I felt a sense of freedom, like I was  
 finally home. The world was so big and  
 so full of life. I felt like I was  
 part of something great, something  
 that was bigger than me. I was  
 alive and free, and I loved it.

not necessarily afflicted with the disease. The discoloration of the skin is due to derangement of the function of the liver as well as to changes in the blood. To prove that Black vomit is mixed blood and not Bile it may be stated that it does not stain linen, as Bile does. It has no smell nor taste, and contains degenerated blood globules.

This Black vomit is not due to Inflammation, nor is it the cause of Inflammation. The direct cause of this altered state of blood is not known. Differential Diagnosis. Yellow Fever is continuous thus differing from Remittent. The yellowness is much more marked than in the most malignant Re. or Intermittent. Black vomit is a constant symptom of true Yellow Fever. One attack usually protects the system from a subsequent one. Treatment



The mineral acids may be used in this disease, as in Enteric Fever, to eliminate the large quantity of ammonia in the blood. Bleeding has been a favorite remedy but it cannot be regarded as indicated, neither is the use of Emetics desirable - as was once supposed. I should not employ drastic Cathartics. Mercury may be used in small doses. Spiritus Mundi is a valuable may be employed with benefit. Haemastatics, such as sugar of Lead, are useful in allaying hemorrhage. Moncill's Salt may be employed in the same way. In order to relieve Inflammation of the Stomach, a blister may be placed over the Epigastrium, but it should not be kept in too long. Opium may be used cautiously.

The following are some of the things which I have seen and heard about the people who live in the mountains of the West. They are very different from the people who live in the East. The people of the West are more independent and more free than the people of the East. They are also more brave and more daring. They are not afraid of difficulties and they are not afraid of danger. They are always ready to take a chance and they are always willing to risk their lives for what they believe is right.

I have seen many of these people and I have learned a great deal about them. They are a noble and brave people and they are worthy of our respect and admiration. I hope that one day all the people of the world will be as free and as brave as the people of the West.

Handwritten text, likely a letter or document, written in cursive script. The text is extremely faded and illegible due to fading or bleed-through from the reverse side. It appears to be a single paragraph of text.



Great benefit has been supposed to have  
been gained from the employment  
of Chloride of Potash - but the use of it  
is very doubtful. Turpentine may  
be of use, but it does not seem to be in-  
dicated. Capsicum has been given  
with fluctuating success. it is good in  
the latter stages. But Sulphate of  
Quina is especially useful.

Quina Sulph gr XX

Sandarium grtt XX to XXX

Is said to have been given with great  
benefit. The Tintura Ferri Muraticum  
is a remedy no less useful than  
the Quina. Dr. Pepper is in the habit  
of combining the two together. When  
there is heat of surface and jactitation  
sponging the body is grateful. Ruf  
Essence is a good diet in this disease  
though great moderation as to the quan-  
tity eaten, should be enforced. Clean,

linens is the most effectual prevention of this malady. The intercourse of the attending physician should be very encouraging with the patient suffering with this disease. The Physician in order to protect himself from this disease should be warmly clad. Should avoid great fatigue, and should not expose himself to the early morning air or should be exposed himself in the evening. It is well to take a cup of coffee before going into the presence of the patient. This is to excite the vital actions that the disease may be combated.

Relapsing Fever. (Famine Fever - The 5 or 7 days Fever) This is a contagious disease. Second attack are common. Common in the Fall - Ush.





Typhus Fever - More prevalent  
a few years ago than it is now.  
The meaning of the word Typhus  
is a confused state of the mind  
with a tendency to stupor.  
It is an idiopathic, contin-  
ued contagious fever, apt  
to occur in crowded places,  
and is not characteristic

ered in by a chill - There is a good deal of vomiting containing bile - It is peculiar to England - No characteristic eruption. All the foregoing symptoms prove it to be distinct from Typhus - But it usually occurs at the same time with Typhus fever. Relapsing fever is not a fatal disease - It is not a distinct disease but is a mangel composed of Typhus and Marsh miasm.

Typhus Fever. Comes on most frequently with a chill, the beginning is often insidious - Not much vomiting no gastric disturbance - There is not yellowness about the skin - About the 4th day an eruption appears - does not usually occur on the face or hands on its first appearance it is pinkish and is elevated, but in 24 hours it is

in tongue elevated and has a more brownish hue. Skin usually hot & dry. About the 7th day comes in what is called the 2nd stage. The eye is closed - voice drawling, pulse fast. Tongue dry - sordes about the teeth - sometimes even at this early stage the breath is offensive. In the third stage delirium is apt to occur, stupor, picking at the bed clothes - sometimes great incontinence. The patient will sometimes have his eyes wide open and appear to be looking into infinite space apparently observing nothing. This is usually a fatal sign. The breath is usually ammoniacal. This may be due to the retention of urea in the urinary organs. The pupil is said to be dilated. There is a variety called *Septicus Pneumonia*.



by any lesion of the solids.  
Typhus is the scourge in In-  
land. Dr. Stelli believes  
this disease to be one of the  
most contagious. Many circum-  
stances prove this fact. Sec-  
ond attacks are not impossible.  
it affects all ages indiscrim-  
inately. The usual precurs-  
ors of fever are noticed in Ty-  
phus. Debility is particular-  
ly marked. The skin is very  
red and hot. The eruptions  
become brownish and petechiae  
are noticed. There are also  
markings upon the skin which  
look as if made by the stroke  
of a whip lash. The tongue  
turns white being pro-  
truded. The mouth bleeds  
very easily. The appetite

itch is usually obscure.  
Food taken is digested.  
The feces are usually normal  
more fecal perhaps and  
darker. The hearing is  
almost always impaired.  
Sleep disturbed by frightful  
dreams. In the very milder  
cases there is frequently  
no cornea. But the patient dies  
perhaps from direct poisoning  
of the nervous system by the  
or poison the retention in the  
blood of the effete constituents  
of the economy. There is a  
great tendency to gangrene.  
There is a dusky hue of the  
face. The conjunctiva  
frequently becomes very  
much injected. There is  
a very peculiar and dis

Spotted Fever Dr. Pepper believes it but a malignant form of Typhus. About a day after the beginning of the disease spots are found on the patient very red, being true hemorrhage under the skin. Is not confined to any age. It is evidently a blood disease. The treatment is the same as in Typhus.

Typhus fever. Age has an influence over the mortality. Thus under 20 the disease is comparatively harmless. If the eye remained wide open and the pupil much contracted. delirium and sliding down in the bed with blood spots on the lower extremities we must make a very hopeless prognosis. This disease has but few complications. Albuminuria is likely to occur. In Europe the Parotid Glands are likely to be enlarged. In rare instances Idiopathic Gangrene may occur.



Bed sores are often found. The bladder should be kept open if the brain is affected. Typhus fever is slightly contagious. Second attacks of Typhus are uncommon. Eruptions may occur in any of the organs. It is not common for a deposition of Tubercles to occur after Typhus. Remittent Fever may sometimes be confused with Typhus. The capillary congestion is much more marked in Typhus than in Typhoid. The eruption in Typhoid fever disappears on pressure. Treatment. At the beginning there is apt to be great depression, but this is usually followed by a reaction therefore at first too strong stimulants should not be used - after this reaction some bleed but this cannot be re-  
2

agreeable odor perceived from  
persons suffering from this disease  
it is what Dr. Stelli calls from  
Eg. - There is an actual exalt  
ation of temperature of the skin  
which feels acrid. The secret  
ion of the skin is peculiar and  
probably gives this acrid feel.  
The eruption usually begins  
on the limbs then goes to  
the lower extremities then to  
the trunk. This eruption re  
sembles that of measles -  
but in measles the eruption  
takes a sort of cicatrice form  
and the skin of Lymph. When  
the eruption first <sup>comes out</sup> appears it  
will disappear upon pressure  
but exposure of the extremities &  
the blood soon takes place and  
then the eruption then will not

disappear. Slight sweat is  
a good sign - the contrary may  
be said of the sweat on the  
face and lasting - The di-  
latability is extreme - there being  
no exhausting discharges this  
would seem rather strange  
but can be explained by the  
alteration of the blood - The  
Spleen in grave cases are  
almost always unpaired  
Sometimes becoming congested  
red and sometimes becoming re-  
tarded - In fact all muscles  
are weak - even the heart -  
From the strength of the heart we  
can see many death as to how  
much stimulation is required -  
On account of this weakness,  
the heart we should never  
allow the patient to get up



garded as needed. Phlebotomy in  
9.11 ~~xx~~ 3 times a day will deplete  
is a useful remedy in order to im-  
prove the blood. Turpentine is very  
useful in the latter stages - with dry  
tongue. Gith laxatives may be used  
in order to eliminate poisonous mat-  
ters in the alimentary canal. Sup-  
porting by proper diet is necessary -  
Mercury tends to act directly on the blood  
but should be discarded in this dis-  
ease. Solution of Ammonia shd.  
not be employed for a long time in  
this disease. Wines - milk punch - or  
brandy in connection with Ruffessence.  
If the patient is unable to swallow food  
should be introduced by the rectum.  
brandy may be introduced in that  
way. If the eye becomes very spark-  
ling and the face very much flush-  
ed dry cups or a blister may be

applied.

Typhoid Fever. This disease is some-  
times ushered in by a distinct  
chill - but more commonly the  
beginning is insidious. It has the  
usual febrile reaction - heat -  
ache. The abdomen is likely to  
be distended early in the affection.  
The patient has ~~an~~ foolish look,  
and speaks very slowly. At  
the 8th. day a characteristic er-  
uption appears - it is confined  
to the abdomen. There is a de-  
ficiency in urining. Epistaxis,  
bleeding from the nose is apt to  
occur. The eruption is apt to  
come in crops, each crop lasts  
from 4 to 6 days. The eruption  
spots are usually but few. In  
some cases there is no diarrhoea  
but more commonly it does ex-





Soft lump and very dark.  
The blood discs do not arrange  
themselves in rows - and the  
Erythrocytes are not to be ex-  
pected. Ammonia is a very  
great amount is excreted and  
but a very little carbonic acid.  
The tissues have but very little  
resistance. Convalescence be-  
gins between the 10 and 12  
days. Treatment - Empe-  
tion should be induced by dry  
cup to the back of the neck - do  
not use wet cups. When there is  
gastric or intestinal disorder we  
may employ antacid purgatives.  
The cold douche when applied  
only to robust patients and in the  
forming stage has sometimes cut  
the disease short. When the de-  
lusion has once formed it will

ist. and the discharges are frequently  
very putrid. The heat is not so ex-  
treme as in Typhus. Very often deaf-  
ness exists, and giddiness is char-  
acteristic. Sometimes convulsions  
occur, and are indications of extreme  
danger. The patient has a tendency  
to pick at the nose. The hemorrhage  
from the nose is sometimes quite small  
but it may be very great. Blood  
spots are comparatively rare. The  
patient has a tendency to draw up  
the nose. Form of the disease. In-  
fant form - in which the patient walks  
around and sometimes works. This  
occurs in children called Infan-  
tile remittent. Its usual dura-  
tion is about 30 days, but in the  
mild cases it may be cured in 15.  
sometimes it lasts 50 or 60 days.  
but it is usually complicated in

these cases. It is not very death  
bringer. If stupor, coma, delir-  
ium and convulsions occur the  
prognosis is very unfavorable.  
Typhoid fever continuing to Typhus  
is as fatal in the rich as in the  
poor. Complications. One much  
to be dreaded is perforation of  
the intestine. This usually occurs  
at about the 12th day. It is har-  
alded by pain in the right il-  
iac orifice connected with  
vomiting. The patient usually  
dies soon after this. Peritonitis  
is likely to supervene after the  
perforation of the intestine. Col-  
apse of the lungs is apt to occur  
and render difficult respira-  
tion. Typhoid fever is apt  
to occur the deposit of tubercle-  
especially in those of a tuber-  
culous diathesis. Sloughing of



now its cure - Therefore all our treat-  
ment needs in supplying a support-  
ing diet and alcoholic stimuli -  
Alcohol must given in proportion to  
the profound stage of the disease -  
Wine ~~is~~ <sup>is</sup> ~~constituted~~ <sup>of</sup> food are the best  
forms of stimulation - The temperature  
must be at about 100°. The room  
must be large and well ventilated.  
All noise must be avoided - To  
avoid but soon apply adhesion  
plaster smoothly over parts liable  
to this affection -

Syphilitic Fever. Enteric fever - The  
miasm of Huxham - This is the  
common form of enteric fever all  
over the world - Dr. Still believes  
Syphoria to be contagious - He says  
he is an instance of the fact - having  
taken it from some patients he was

attending in St. Joseph's Hospital -  
It is not merely an anticipation here  
ever as Syphilis. This disease is  
generated by foul exhalation from  
decomposing animal and veget-  
able substances. The Pharynx is  
sometimes red - there may be  
ulcers about the glottis. Enlarg-  
ment of the Spleen is not <sup>very</sup> com-  
mon in this disease - so far as  
Prof. Stoll's observation - The  
urine is not abnormal - its spe-  
cific gravity is first raised but  
when emaciation begins the de-  
crease of specific gravity may  
be noted. This change is due  
to the increase and decrease  
of Uric acid. The function of vision  
is generally impaired in Se-  
cundum case the patient comes  
this by an extatic look.

about the Sæcum is likely to be found, this is from several reasons from unconscious discharges at the rectum and bladder. This may be avoided by care. Paralysis is apt to occur after the disease - but in almost every instance this can be cured. The disease is most apt to occur in persons from the 15 to the 18 year. & at this age it is least fatal. The disease is more common in the winter than in the summer - but may and does occur at all seasons. All lowering causes predispose to Typhoid fever but not in the same extent as in Typhus. Is this disease contagious? Slightly. One attack usually protects from a subsequent one. The greatest number of cases present after dark enlargement, congestion or ulceration of the Mucous



glands - and sometimes the Solitary Glands are enlarged. Peyer's Glands are almost always tumid and often ulcerated. The mere enlargement of Peyer's Glands is no evidence that Typhoid existed. The Glands are enlarged and become diseased at the end of the 1st week or thereabouts - they begin to ulcerate at about the 12th day. Perforation usually occurs at about the 3rd week, although it may occur much earlier. Hemorrhage occurring in this disease may be due to the ulcerating of one of the glands cutting across the blood vessel. After death the brain is often found softened - due to congestion. The heart is also found softened due to embolic infarctions. Turbidity of lymph is very often found in the

There is a sort of "constipation of ideas" as Prof. Shiller expresses it, usually noticed in this disease - delirium is marked in almost every instance of this disease - Sometimes this delirium is furious. These are exceptional cases.

The delirium usually first appears when the patient's attention is fixed - Twitching of the tendons - as well as of the mouth is often noticed.

This twitching sometimes in very grave cases, goes on to active epileptic convulsions - when this transpires the patient is in very imminent danger.

The spots are often colored - and are often very few in number.

Sometimes these spots are all over the body and limbs. Their great number does not add to the gravity of the disease - it is usually

cannot be avoided. Infrequently  
there is profuse sweating. This  
disease is apt to be complicated  
with Erysipelas - with rash  
and sepsis. Ulcers are  
likely to become troublesome -  
we must therefore be very care-  
ful in applying blisters. Should  
they be required to combat cer-  
tain symptoms. Little  
risk will be run if the blister  
is only allowed to remain on  
from 1 to 3 hours. From the  
experiments we may have enabled  
to make a prognosis of the -  
Should they move when the  
attention is called it is of  
value - Should they remain  
fixed it is a dangerous sign -  
This is one of those little features  
which tell whether we are



oesophagus and pharynx - The throat is often sore and inflamed in Typhoid. The disease is sometimes latent. Then a therapeutic test is very useful - give a  $\beta_i$  of Castor Oil and in an hour the patient will be freely purged - showing a tendency to Typhoid. Sometimes it is very difficult to make out a differential diagnosis between Remittent and Typhoid. Treatment - Trophic diet - Cleanliness, Hygienic precaution. The stools of Typhoid should be deodorized by Chl. of Lime and removed. Continue the vital functions. Heroic treatment is not indicated. When it is complicated with malarious affections large doses of Quinine is useful, but where the disease exists alone small doses should be employed, in order to uphold the strength. The mineral acids are

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oesophagus and pharynx - The throat is often sore and inflamed in Typhoid. - The disease is sometimes latent. - Then a therapeutic test is very useful - give a  $\beta_i$  of Castor Oil and in an hour the patient will be freely purged - showing a tendency to Typhoid. - Sometimes it is very difficult to make out a differential diagnosis between Remittent and Typhoid. - Treatment - Trophic diet. - Cleanliness, Hygienic precaution. - The stools of Typhoid should be deodorized by Chl. of Lime and removed. - Continue the vital functions. - Heroic treatment is not indicated. - When it is complicated with malarious affections large doses of Quinine is useful, but when the disease exists alone small doses should be employed, in order to uphold the strength. - The mineral acids are



beneficial. Mur. Acid grt & 3or4  
times a day is very useful. A gun-  
tle emma or  $\frac{ss}{i}$  of oil when there  
is no diarrhoea will be benefi-  
cial. At about the 10th. day when  
the tongue is dry. and scurds are  
about the luth. and involun-  
tary discharges occur tonic should  
be used. Quina grt about every  
one or two hours. The surface  
must be stimulated when  
coldness sets in. This must be done  
by dry heat. Blister should be  
used very carefully. Turpentine  
is a very useful remedy in this  
disease, especially in the latter  
stages. grt  $\frac{x}{i}$  in Emulsion in  
Gum maceleg for example is the  
mode in which it is usually  
given. It acts through the  
blood and heals the ulcers in the

and blows. When the pulse rises  
above 100 we may be concerned  
as to the patient's condition.  
The duration of the disease is very  
indefinite. The ordinary duration  
is 21 days. Relapses may occur  
after convalescence has set in.

The grave sequelae of this disease  
are Tuberculosis and Luxation of  
some form. The intensity or in-  
creased are not often permanent.  
The ulceration of the intestine may  
open a blood vessel and destroy  
the patient's life. The intestine  
may become perforated. Path-  
ological condition of this disease.

The red globules are decreased.  
The white count is pre dom-  
inant. The pharynx is often  
inflamed. Sometimes ulcerated.  
In the Glands of Peyer and Brunner

There is deposition what is some-  
times called Leptotheca matter.  
This brings about ulceration -  
These ulcers usually occur <sup>near</sup> about  
the Cecum. Dr. Little is par-  
ticular to emphasize the fact that  
in Leptotheca fever the absorption  
system is <sup>advanced</sup> deranged. In many  
instances in fact the ulceration  
not only on the small intestine  
but also in the large - The reason  
of this is that the fever is not simple  
but is engrafted upon Chronic  
Dysentery. It is rare for per-  
foration to take place in the  
severe cases. The only reason of  
this is that in mild cases  
the patients are not cantorous  
but are indolent in their  
dicks thus causing perforation  
undoubtedly in the right iliac



way. Trimer-subcutis undines  
is some times found - give anti-  
spasmodics - Calerian - Hoffmann's  
Anodine - Dianthora often occurs -  
this sometimes goes so far that it must  
be checked by astringents - Hem-  
orrhage from the bowels is frequently  
found - this is discharged from  
the rectum - and is sometimes black  
an emula of water may correct this  
however some times it becomes ne-  
cessary to employ astringents - The  
focal discharges should be imme-  
diately removed from the room  
in order to diminish the contagion of  
the disease. Epistaxis often becomes  
quite serious - Inject into the nose  
a solution of Alum - or blow power-  
ed this into the nose - It is well to  
add a little Laudanum (gtt v or x) to  
food injected into the rectum, in order

to allay inflammation. In case  
of perforation, use very little food,  
employ opium largely in order to  
put the bowels in splens by pre-  
venting peristaltic action. This  
is almost always fatal, hence  
we should prevent it if possible,  
in order to do this we should not  
use purgative medicine, of a pow-  
erful kind, nor should Hard food  
be allowed. and after the 10th  
day the patient should not be  
allowed to rise from the bed no  
matter what his strength - but  
the "bed pan" should be employ-  
ed. Aqum. Nit. has been used  
extensively in this disease but  
it should not be pushed very far.  
Wit. in the early stage. Chicken  
water. in the latter Beef broth -  
or Liebig's soup. Milk  $\frac{1}{2}$  pint. Wine

scapion is one of the most constant  
Symptoms.

Typhus

any age

affects the poorer class.

very contagious

access of the sudden

Petechial eruption

all over the body

Not usual -

muddy

totally lost -

more frequent gasms.

very hot -

dry & glazed with seeds

constipation -

never bloody stools

inclined to cholera

Common in any age

found among old residents - among recent ones -

Prognosis is difficult to make

Typhoid

young

affects all classes alike

slightly contagious

generally insidious

no external spots

but signs of them

Epistaxis

Complexion clear

Strength remains good

pulse less frequent

skin warm not hot -

tongue moist

diarrhoea

not at all uncommon.

panified abdomen

not found -



never give a positive one.

The liability of perforation - haemorrhage from the bowels and so forth must be considered. The perforation is not necessarily mortal - but it is very generally so. Treatment - Many cases need no treatment so far as medicine is concerned. We must guide it, we cannot control it. The treatment must be expectant. We have to combat the various symptoms diarrhoea and debility. Nausea, flatulency or purge. Emetics are not to be used throughout the disease but are useful in the beginning of all febrile affections. As to diaphoretics such as Aconite and Ipecac. They are good palliatives. But use them with out the fear is strong and the thirst is great. Blister

glass-ful of Brandy Lime water &c.  
is the proper way to make the Milk  
Punch. Cold water and Ice but  
allow very little at one time. Consti-  
pation is apt to be found in conva-  
lescence but this should not be inter-  
fered with, at any rate by strong lax-  
atives. Convalescence is usually very  
slow. Solid food should be avoid-  
ed even now. Complications may  
occur at this time. Especially the  
deposition of Tubercle.

Exanthemata - Eruptive fevers - blood  
diseases. The word means simply  
efflorescence. Major Exanthemata  
Small Pox - Scarlet fever - Rubella.  
Erysipelas. These are contagious -  
one attack protects from another.

Small Pox - The milder - The distinct

The malignant - usually begins with a chill - Great pain in the back - Sore throat - About the third day the eruption shows itself - at the end of the 3rd day the eruption will be found on the feet - at this time the fever is apt to be diminished but soon after is augmented, the throat becomes more sore - and large quantities of mucus is in the throat - At about the 9th day the eruptions become brown & desiccation takes place - and three days after (~~they~~) desquamation takes place - This is the simple form - In the Malignant form - Cerebra may occur early in the disease - The fever does not decrease when the eruption shows itself - The throat is se -



In the back of the neck are useful - when  
there is debility with sleep. Propter  
Stillé thinks that Quinine does harm -  
that is if the disease is from - but if mechanical  
Gives in circumstances with it Quinine is of  
benefit. Nicoties seldom used but in  
the evening when sleep is needed. The  
dose must be carefully adjusted. Opium  
is the best. Dover powder is very good.  
Bark must <sup>generally</sup> ~~sometimes~~ be checked.  
The disease here is due to ulceration of Peyer's  
Plants. It is not true elimination. Oil  
of Turpentine does not cure the disease by  
healing the ulcers - but is useful from  
its stimulant effect. It is useful when  
the tongue is thick - when the pulse is frequent  
and when there is <sup>nothing</sup> ~~nothing~~ of the kind.  
There are some with whom Oil of Turp. - will  
not agree. Bleeding is not always  
necessary. Beef tea - Milk. Arrow  
root. Lin. com. are - some times tried and

Wurkman's Cure - Every fever given  
must be repeated or very soft - If  
of purgative takes place in Opium  
largely. Symptom may be relieved  
by a very large injection of Flaxseed  
Oil with a little Turpentine.

Varicella Small Pox - This disease  
is modern. An acute contagious  
eruption fever - characterized by  
a peculiar eruption - and run-  
ning a set course. Between the  
10th year and the age of Puberty  
least common. Attacks persons  
of all colors. More common in  
warm than cold climates. Gen-  
eral cause - contagion. This di-  
sease sometimes originates spor-  
taneously. The contagion may be  
direct or indirect. The follicles  
may have the disease even

minely seen. The eruptions run in  
to each other. Variceloid (little small  
pox) This disease will produce small  
pox and small pox will produce it  
so it is but a mild form of Small  
pox. Acute Diphtheria in its early stage  
resembles Small Pox but it is not pre-  
ceded by vomiting. Secondary Syph-  
ilis sometimes presents a number of  
pustules and then resembles Small  
Pox. In unprotected systems about  
 $\frac{1}{4}$  of the cases prove fatal. Pregnanc-  
y is a very unfavorable complication  
to Small Pox. The eye and the ear are  
likely to be injured from this disease -  
Deaf in this disease often occurs from  
ulceration of the throat or from the de-  
struction of the skin. This is a conta-  
gious disease. It is even contagious  
after death. Full health is no pre-  
ventative to this disease. Some be.



live that it is contagious at the sixth day. It is most contagious in the suppurative stage. The second attack of genuine Small Pox is very rare, there are some families that seem to have a predisposition to the disease and have second attacks. In rare cases it has been complicated with Rubella and Scarlatina.

This is a blood disease. Treatment  
This disease cannot be stopped but we must endeavor to carry the patient through, avoiding complications. Bleeding is not usually indicated. Some use Emetics but this is not called for. Brastie leatherties should be avoided. Laxatives are useful. Mercury is not a dose that can <sup>not</sup> be pushed in this disease. The presence of

when the mother has met. The period of incubation is very variable as to length. It is usually about 10 or 12 days. Marked by a severe chill. Some times more than one. Reaction follows. Nausea and vomiting are characteristic symptoms. Bowels not deranged. Pain in the head. This pain is intense & seems as if the head would burst. There is also severe pain in the limbs. Some throat is characteristic. This swelling is general not only of the tonsils. The eruption begins on the 2 or 3 day - first common on the face usually. These eruptions are papular on the 3 day of the eruption these papules become vesicles of

criminate than vesicles become  
pustules. These are umbellæ  
called. Small pox often  
disturbs vision. The pustules  
never form upon the eye  
ball itself. ulcers sometimes  
form upon the conjunctiva  
and they sometimes destroy  
the membranes of the eye  
vacuolate is humor. In  
the confluent variety the  
pustules run together -  
complication can by no means  
a necessary concomitant  
of the pustules. The eruption  
is as it is kept upon  
the 9 day after <sup>its appearance</sup> eruption.  
There is a rapid subsi-  
dence of the fever when  
the eruption <sup>has appeared</sup> ~~is fully formed~~  
ed but when it is silent



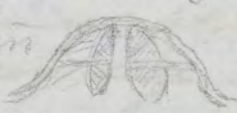
ice, and cold drinks - constituting what  
is called the "refrigerant plan" is called  
for. The hemorrhagic tendency is often  
marked, then the Ferri Mur. is indicat-  
ed. The diarrhoea often needs to be checked  
all this may be done by an Ointment of  
Sandalinum - or a dose of Lead Mixture  
Cooling mucilaginous applications are  
very useful. Light should be excluded  
from the room. In order to prevent  
pitting in the face - mercurial oint-  
ment is sometimes used. The result  
of Inoculation is contagious. Some-  
times it is believed is identical with Small  
Pox. The well marked scar cannot  
be regarded as any evidence that the  
system is protected. The vaccine soon  
sometimes bursts, but this does not im-  
pair the efficacy of the operation. The  
operation should not be done by punct-  
uring. The epidermis should be scraped

off, and crucial scrutent made.  
One son is sufficient. The cost  
of the Sex is valuable for future all.  
It should be rejected from an un-  
healthy person. This operation is  
contra indicated if there is any  
considerable cutaneous eruption,  
neither should it be done in the  
Summer if not urgently called  
for. The matter is not apt to be  
as efficacious at this season. &  
it is apt to cause constitutional  
disturbance at the Summer.

The third month is about the  
right time to perform the op-  
eration. If there is any devi-  
ation from the general sympt-  
oms the operation should be  
tried and proved. Reva-  
culation. After a severe illness  
such as Typhoid or Typhus fever the

ating the fever increases. This  
is called the secondary fever  
of Small pox. The salivary glands  
secrete their liquor enormously  
- there is a constant flow  
from the mouth. There is  
a very disagreeable odor.  
The pustules at last begin to  
dry up. This change is first  
marked by a brownish blue  
discoloration or the falling of  
the scabs begins about the  
12 day after they first come  
the 20 or 30 or 40. Sometimes  
premonitory symptoms are  
wanting - sometimes the rash  
does not come out almost immen-  
sely - sometimes in heavy  
eruptions. Small pox  
may be ~~fatal~~ now an  
unfrequent. The symptoms.



and then an old constant. It is  
seen and Blindness are very  
common sequelae of Small Pox  
Abscesses under the Skin. mea.  
Sels. cases of the Temporal  
bone. parietal also. See  
inflammation of the lung S.  
ex supiles & diarrhoea are  
complication not infrequent.  
Then an variety known as  
the malignant. haemorrhagic  
and confluent. Simple  
small pox generally gets  
well. The most fatal is the  
haemorrhagic form. The pu-  
tule is not a mere elevation  
of the cutis - but then   
is a pucker in the  
middle and then is a lat-  
eral septum. There are also  
diversities radiating from the

operation should be reformed -  
after Puberty it should be repeated  
and also at the time of Epidemics  
of this disease - A Person having Small  
Pox should be vaccinated even after  
the first appearance of the eruption  
by this the disease is likely to be  
limited in its intensity - No man  
has a right to use the crust of vaccina-  
tion a second time - nor has he a  
right to use the seal of an adult -

Varicella - After comes on without any  
premonition - There is sometimes  
drowsiness 24 hours before the eruption  
appears - The eruption begins with  
a red spot - is not usually umbilicate  
and lasts 7 days and then dries  
up, and does not often leave a pit  
This is not a modified form of Small  
pox - It is contagious - Confines

to early youth. This is a very slight affection - an animal diet should be avoided. Mr. Pepper believes this is a distinct affection from Small Pox

Scarlatina - Is a febrile affection contagious. One attack protects the system. Has a natural tendency to terminate on the 7th day. The time at which the disease appears after the exposure is on an average 9 days. It then usually begins with a chill - The rash usually is found in 48 hours, it begins on the face - Pain in the back attends this affection. The fever does not subside at the appearance of the eruptions as usual in eruptive fevers. The pulse is exceedingly rapid. The skin is hot. The temperature in



middle column. Prognosis. An extremely dangerous disease when affecting within a short time of life. Is a very fatal disease in Pregnancy. It is to be fatal in very plethoric persons. The violence of the fever is a good mark as to its violence. During epidemic it is much more dangerous. The average of deaths there is 30 per cent. Treatment. Expectant.

Cold and acidulated drinks.

The warm bath may be used at first in the appearance of the eruption. In the secondary form the bowels power is indicated. When there is great prostration we must stimulate. Broths. Emulsion. Almond bark. In the hemorrhagic form Lassarac acid is the most useful remedy. Opening the bowels can

hardly be thought advisable  
as a means to prevent  
putting. Glycerine ointment  
is useful. But the best means  
is the mercurial plaster not  
mercurial ointment. This  
plaster should be spread  
upon linen and put on  
the face having an orifice  
for the eye and another

<sup>in</sup> Carolina Is Small pox  
occurring in vaccinate per-  
sons and is usually killed  
in in the second year.  
By the 13 day the scabs  
have separated - at the  
9 day they are dry.

<sup>in</sup> Vaccination  
vaccine disease. About the  
third day a red papule

The axilla is often  $109^{\circ}$ . The skin comes  
off after this disease. The throat is  
very sore. When the throat is not  
sore the disease is called Scarlatina  
Simplex. When the throat is the  
main seat of trouble it is called  
Scarlatina Anginea. Scarlatina  
Maligna - is the most serious form.  
Sometimes there is no eruption in the  
malignant form of this disease. By  
the older writers it was called "putrid  
Sore Throat." Delirium, Convulsions,  
obstruction of the Tympanum, Necrosis of  
the petrous portion of the Temporal bone  
are the commonest forms of compeli-  
cations. Dropsy is a very frequent com-  
plication of this <sup>disease</sup> death. It sometimes  
is found in the face. What is the im-  
mediate cause of this dropsy? Inflam-  
mation of the skin, stopping cutaneous  
elimination, and also congestion of



the Kidneys. The urine is scanty  
and high colored. This complica-  
tion of Dropsy is most common in  
children. If a pregnant woman  
have this disease, she will have  
abortion. This disease occurs  
most commonly in the Spring  
and Autumn. Sex has no in-  
fluence in this disease especially  
in youth. But women are more  
exposed than men, as they nurse  
children. Therefore women are  
often found with this affection  
than men. In this disease the  
throat is always more or less  
sore, whereas in Measels the throat  
is hardly ever affected. In mea-  
sels the eruption is seen more  
in patches and appears at  
the 3rd day. in Scarlet Fever the  
eruption is found universal and  
appears early in the disease.

in nature this goes on increasing  
until the 9th day. by the 11th  
day this is a tertiary acid serum  
virus. The pus becomes yellow-  
or. Between the 17th and 20th  
day the scabs separate. The  
glands of the Axilla sometimes  
enlarge, infrequently they  
suppurate. The proper age  
for vaccinating is the earliest  
time at which it can be safely  
done. As a general rule  
we should not vaccinate until  
the child is nearly six weeks  
old. In performing the operation  
we should be careful to draw  
no blood. Great care should  
be taken in our choice of vac-  
cine matter. Those who have  
been vaccinated are as sure to  
escape small pox as those who

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have had the disease once  
are to escape it a second  
time. Smallpox may occur  
in the same individual  
more than once. The best  
evidence that vaccination  
has protected the system  
are constitutional symptoms  
less. If that be our apprehension  
we should vaccinate.

Varicella. Chicken Pox. The  
eruptions begin to dry at  
about the 5th day and  
are all gone by the 10th.  
The eruption generally be-  
gins on the trunk and  
extends to the face. Slight  
ly contagious. Not  
infectious. No de necessaries.



Inflammation of the fauces might be confounded with this affection but the pulse is not so much deranged in inflammation of the fauces, nor are the constitutional symptoms as well marked as in Scarlatina. Small pox may be confounded with it but in this disease the pain in the back is much more intense, and Inflammation of the throat is not as well marked. Age has an influence in the ending of this disease. The prognosis should be very guarded. The patient is not to be despaired of even if convulsions are present. No lesion is found in this disease. Typhoid glands are often found to be enlarged and tumid in Scarlatina. In our examination we should remember that these glands are always large in children. In the miliary form ulceration of

the throat is frequently found.  
This is a blood disease - Treat-  
ment. The mild forms need  
but little treatment, for they may  
be made malignant by heroic  
treatment. The disease has a  
marked course to run, and its  
tendency is to weaken, so we must  
uphold the strength. We must  
assist the excretories in elim-  
inating the poison. Antiphlogis-  
tic treatment consists not in gen-  
eral bleeding, even local bleed-  
ing is of doubtful benefit. Dis-  
tillers should never be applied  
in Scantlatina. Even in the  
brain symptoms - flushed face, etc.  
the lancet should be decried.  
cold to the head, heat to the feet  
and sometimes a leech to the tem-  
ple is useful. Ice, or cold water  
applied on cloths to the throat is

Scutuline - A febrile infection  
and contagious disease. Char-  
acterized by sore throat, and  
followed by desquamation of  
the cuticle. New born infants  
affected the child on the morn-  
ing of its birth. It can therefore  
be had as an interstition. The  
disease. Second attacks ex-  
ceedingly rare. The period of  
incubation varies from 10 to 20 days.  
Nausea and vomiting. The  
sore throat differs from a com-  
ple tonsillitis. There are nume-  
rous elevations noticed on the  
pharyngeal and upon the tongue.  
The redness is not uniform gen-  
erally - but is sometimes is.  
The skin is rough - all of the  
papules are elevated. The  
skin is hotter in this disease



them in any other febrile di-  
sease whatever - ranging  
from  $106^{\circ}$  to  $112^{\circ}$ . Pulse  
ranges from 120 to 160. The  
patients complain of no  
difficulty in swallowing at  
first even though there be  
considerable appearance  
inflammation and swell-  
ing in the throat. The tongue  
is red and shining and re-  
sembles raw beef. On the  
5 or 6 day the fever begins to  
subside and the skin is less  
red. The skin then begins  
to exfoliate - is sometimes  
comes off in small pieces &  
sometimes in Curls. The  
simple form almost al-  
ways ends in recovery -  
In the Anginous form the

not advisable. Cologne or any  
waxing articles are useful to sponge  
the surface with. Ice internally taken  
with cold drinks are useful. En-  
unction (using washed lard) is  
often beneficial. Purgings is bad  
treatment. The use of mild laxa-  
tives - such as magnesia in the be-  
ginning of the disease, or castor oil in  
small quantities is often beneficial.  
Diaphoretics, Nervetics, Gentle Laxatives  
Artificial sedatives, are agents to be used  
in the ~~more~~ forms of this disease.  
In the malignant forms we must  
use all our means to uphold the  
system of our patient. Stimulents  
are often called for in this form.  
~~Spice Opodeldo~~ is a good applica-  
tion to the throat - externally. We  
should be careful to keep the nostrils  
open. Alkaline treatment has been  
recommended, and it may be used

ful in the sthenic form. Sassafras  
solution is often useful. Bennett  
speaks very highly of Cholecum,  
employed in this disease. Some-  
times the dropsy is connected with  
inflammation. The warm bath  
may be used to bring on perspiration  
in order to eliminate the dropsy.  
mild laxatives and gentle anti-  
phlogistic treatment should be used  
for the same reason. During con-  
valescence the patient should be  
kept from all exposure and it is  
a good rule to make a child re-  
main in the house for 6 weeks  
in the winter. the time may be made  
much shorter in the summer.  
When children cannot be separat-  
ed from those suffering with this  
disease. Belladonna may be judic-  
iously used - in the hopes either of  
warding off or mitigating the affec-



eruption comes out a dense  
Cult. In the severe forms  
of this disease the eruption comes  
out irregularly - often in patches.  
In the anginous form deglutition  
is difficult. the patient complains  
of stiffness of the muscles of the  
neck. The throat presents an  
edematous appearance. it is  
very red including the uvula &  
velum. about the 3rd day there  
is noticed a yellowish buffy or  
grayish lymph over the uvula  
and fauces. at first this can  
be easily removed. but the  
mucous membrane below is  
covered blood and raw. Sub-  
sequently ulcers come upon  
the fauces. The odor of the  
breath owing to the decompo-  
sition of the secretions is ex-

turning offensive. The tonsils can  
very easily broken down, owing  
to the degeneration of the connect-  
ive between the little follicles of these  
glands. Inflam<sup>mation</sup> sometimes  
travels up the Eustachian tube &  
extends to the Internal Ear. The  
neck is generally much swollen  
this is not only due to <sup>inflammation</sup> enlargement  
of the glands - such as the Parotid  
but also to our effusion of Serum  
into the cellular tissue of the neck.  
The tongue is glossy and  
brown. Erythema. Diphtheria which  
is a very serious complication  
sometimes sets in - it is <sup>probably</sup> ~~caused~~ <sup>due</sup> to the constant swelling of the  
secretions of the throat. The dispo-  
sition of the throat are generally <sup>travels</sup> ~~up~~  
between the 5 and 10 days.  
Malig<sup>nant</sup> growth - of which

tion. Dose. Ex-gr<sup>ij</sup> to an 3 of water. S. take  
q<sup>lt</sup> <sup>ij</sup> which would be about  $\frac{1}{16}$  of a gr.  
or the Extract for a child 1 year old.

Rubola Measles. Sometimes comes on  
insidiously - sometimes by a distinct chill  
or number of rigors - often it will begin  
by a cold. The throat will be found to  
be inflamed in patches early in the dis-  
ease. The eruption appears on the  
3rd day - and lasts 3 days. The erup-  
tion begins on the face and works down-  
wards. Cough lasts throughout the  
affection - the sputa resemble that  
of Phthisis. The points of eruption usually  
run into each other, sometimes they  
remain distinct, resembling small  
pox in its early stages. Sometimes it  
is confluent resembling Scarlatina.  
Malignant form of measles is a dan-  
gerous disease ~~which~~ are often  
found in this particular form.



Complications. Pneumonia. The  
lips will become blue, the pulse  
weak, and more fever. if an ex-  
amination be made under these  
circumstances Pneumonia is like-  
ly to be found. In those predispos-  
ed to Tubercle and Scrophula. a  
disposition to make deposits of  
Tubercle. The eyes are generally  
blood shot, and a constant flow  
of tears is found in Rubra. There  
is no lesion to this disease. It is  
contagious. the contagion begins  
at the appearance of the eruption.  
Second attacks of true Rubra  
are not common. Treatment  
Neither local nor general bleeding  
is usually indicated, a mild  
antiphlogistic treatment, together  
with dainties. Trophicalis. It is  
not often that we wish to prevent  
this disease. In Scrophulous children

then two subdivisions - The one in  
which the nervous system is particularly  
affected - ataxic form. The other  
in which the blood is particularly the  
ground - marked by debility - the ady-  
namic variety. In both forms the  
attack may be sudden. The symp-  
tom of it appears at all - usually  
recides. Pulse very frequent in  
all ataxic form of disease -

In the nervous form there is always  
loss of power. In the adynamic  
form oppression is most marked -  
eruption comes out late - dull pur-  
ple and sometimes black. Hem-  
orrhage. Anatomical changes.  
Enlargement of the spleen - and the  
mucous and Peyer's glands.  
as well as the <sup>lymphatic</sup> glands of the neck.  
When the disease proves fatal the  
blood will not clot - if it

The clot will not be firmous -  
Scurvy like blood runs with  
crey utate. Fals onim bums  
on the Juncos - rarely found  
in the Larynx - Diagnosis -  
General orolator - in 24  
hours. in the regular form  
there should be some evidence  
of suppurative - in mumps is  
would not appear until  
The 3rd day. The suppurative  
spreads more rapidly than  
in Rubiolo. Swelling of the  
hands and feet not noticed  
in mumps. The suppurative of  
Rubiolo is in patches, unlike  
that of Scarlatina. They are  
also - rose colored. Pro-  
gnosis - Bad symptoms  
Convulsions - great heat  
unnatural coolness - in



however it is right to prevent the con-  
traction of this disease.

Erysipelas. Sometimes ushered in  
by a chill, at others by a simple rigor.  
Vomiting frequently attends the begin-  
ning of this disease. The eruption is apt  
to occur at first at the edge of mouth  
or eye. The redness disappears in  
process as the beginning of the affec-  
tion. There may be Erysipelas at the  
edge of the scalp but the redness will  
not be found in the scalp, but on pro-  
cess it will pit and is painful, we  
then know that the disease has attack-  
ed the head. This affection some-  
times begins in the face and may  
travel upwards and come out  
upon the face through the nose, at  
others it will go downwards and  
affect the Glottis or Lungs and may  
cause post-pharyngeal abscess.

This disease occurring in a strong constitution is not a fatal disease as a general rule. Therefore the Prognosis is easily made. This is a blood disease. Erysipelas is an Erysipelas though the least so of any of the Exanthemata. Treatment

In the early stage it is order to relieve the Gastric disturbance, it is well to give an emetic. Depletion is almost never called for. The Tinct. Ferri. Mur. is especially useful. The disease tends to prostration so we must use sulphate of Zinc and stimulating Broths. Mercurochrome washes are the only useful local applications.

Rheumatism. The most prominent symptom is pain increased by motion. Fever is apt either to succeed or precede Rheumatism.

perfect eruption & retrocession  
of the tumor - Exudationes -  
Sloozing - Acidema - Cerebral  
Symptoms - Treatment - Hygienic  
measures. Not much cover-  
ing of the bed. Temperature same  
when 66° to 70°. Don't ever check  
any perspiration. Avoid the  
least exposure. But fanatics  
when the disease is declining we  
may give milk. The drinks should  
be acidulated. The juice of fresh  
fruit such as lemon may be used  
for this purpose. They should be  
scalded - do not stimulate. Do  
not employ any medicine, unless  
there is a strict indication for it.  
Sponging with cool water. It is  
often useful to place the patient in  
a tub and pour on him from a  
pitcher water as warm as can



be brown first heavy acidulated  
is with vinegar. It is not  
advisable to employ these with  
oil if the patient be frightened  
at it. Gargling with fresh  
Lard in chronic cases is  
very useful. Rose water and  
mint may be employed. The  
use of ointments tends to pre-  
vent Dropsy. In the anginae  
form a gargle of sage tea  
and honey with a little hy-  
drochloric acid is benefi-  
cial. In most chronic cases  
and in vigorous children  
where there is high inflama-  
tion of the throat the Hydr-  
pathic cruet may be em-  
ployed. As the false mem-  
brane an separating a solu-  
tion of Nitrate of Silver from the

It usually affects the larger joints but sometimes every one in the body - it occasionally occurs in the brain or fibrous tissues. The pulse is strong and full. The joints are often swollen. In children the heart is apt to become implicated. In adults it is likely to affect the muscles of the heart. Sometimes there is a rose black found in different parts of the body. Sometimes it takes on the Intermittent type.

Varicels - Muscular Rheumatism

It may be general, and cause great rigidity of particular muscles.

Scarlet Fever Prevails as an Epidemic, and is attended with an eruption resembling R. soles. Is found in warm climates. Is never fatal. Gentle Laxatives & Diaphoretics. Common Stiff neck is more Rheumatism.

Lumbago. Coming on suddenly  
sometimes becomes chronic -  
Is frequently very painful the pa-  
tient is unable to rise from his  
couch. Rheumatic inflamma-  
tion <sup>of the spinal cord</sup> some times occurs. Some consider  
Rheumatism as a more nervous  
disease, but this is a false belief  
for it is attended with swelling,  
redness, fever and pain - Ac-  
tually it is inflammation of the  
fibrous tissue. In this disease  
the perspiration and urine is  
intensely acid. This is a blood  
disease, which is constitutional  
and shows itself by local in-  
flammation. The fever is atten-  
ded with more perspiration in  
Rheumatism than in Gout. It  
is usually hereditary and affects  
the lazy high lived. Rheumatism  
affects all rich and poor. Rheum



IV go to the  $\beta$ , may be used as  
a chronic wart. A strong infu-  
sion of leucosacum may be used in  
the same way. The systematic  
employment of Belladonna in  
those liable to scurvy is Dr. S.  
Bellevue acts as a prophylactic  
Squilla. The most common is Dupuy  
and this Dupuy is anasarcal.  
This Dupuy at last becomes gen-  
eral, and it does not pass  
upon prostration. The serum is  
scanty and high colored. It  
is not transparent, but looks  
"silty." The flow of urine may  
be completely suppressed. The  
urine is albuminous. The al-  
bumen has no relat-  
ion to the gravity of the disease.  
Anatomical changes: Though  
there has been much albumin

in the arm we sawy from the  
disease of the Kidneys. Treatment  
must of the Dropsy. Diuretics of  
Diaphoretics - Purgation -  
Oedema is many to very effect  
ually brought on by leading  
the heat of an alcoholic lamp  
under the bed clothes. The use  
of Colchicum is thought to be  
useful when the arm is scented  
and when there is a tendency  
to come.

Rubella - Measles. Is a contag.  
ous fever - characterized by ca-  
tarhal affection of the eyes and  
respiratory organs - and an  
eruption of a brown like ap-  
pearance. Disease of early life  
usually occurs, if at all, be-  
tween the years of 3 and 5. Very

alism, attacks the larger joints, & the smaller ones, especially in the big toe. When the tongue cleans it is a sign that convalescence is approaching. Imperfect digestion, or renal secretion, or imperfect secretion of the skin predisposes Rheumatism. Men are more liable to attacks of Rheumatism. Treatment.

There is a constitutional derangement to treat. Formerly bleeding was largely employed for the cure of Rheumatism. But experience has shown that this is not indicated.

This is merely a general rule. Acute Stimulant Inflammatory Rheumatism may however be benefited by the Lancet. drastic Cathartics are not advisable, but purgatives & evacuates are useful by stimulating. In this disease the skin is covered with an acid perspiration.



this should be aided by Dia-  
phoretics. The common Sal-  
icurities are also to be used.  
Cholericum is not very effica-  
cious. if it act as a laxative  
it may do good

R<sup>x</sup> May. leul. ʒi;  
Cholericum. R. ʒi;  
Aqua. leim. ʒʒiv

M. S. ʒʒi. 3 times a day

In the above prescription it will  
act upon the Bowels and prove  
useful. Opium is largely used.  
Mercury is supposed specifically  
serve, pushed until it acts  
slightly upon the gums. It is  
a powerful eliminater and  
is a valuable remedy, but it  
should not be pushed to elim-  
ination. Bar R has been used  
in large doses for this disease  
Sometimes Rheumatism takes

rare after puberty - The causes of  
This disease are not known. It  
is highly contagious - it is in-  
curable. It is frequently Epidemic.  
There is a stage of incubat-  
ion as in most other febrile affect-  
ions - this is comparatively long - us-  
ually on an average about 2  
weeks - The promonitory symp-  
toms affect the respiratory organs.  
Particularly - The first local sym-  
ptoms are catarrh - watery eyes.  
Frequently drooping - Stupor - often  
convulsions - The first character-  
istic sign is Coryza. The conjuncti-  
va are injected and red -  
and the eye are watery - This is  
peculiar - The cough is at  
first Laryngeal - it soon be-  
comes a bronchitis - Auscultat-  
ion in the early stages on a



count of the dryness and swelling of the bronchia - expectorations and abundant sputa -

About the 4th day the eruption begins to appear - first seen upon the face - This eruption is at first papular - they are red and somewhat elevated. They are collected in patches - the skin between them is healthy. These patches are nearer together upon the face than elsewhere - they are irregularly circumscribed - when the eruption is at its height the red resembles that of the raspberry - Gradually the color fades - becoming yellowish - On the 8 or 9 days of the disease, the eruption will have become quite branny and almost disappeared -



on a Remittent type, then Quina and Sulp. Quina is beneficial. Alkalies are often useful, by eliminating. Lemon Juice is not strictly an acid for it contains Citrate of Potash, and this is what is useful in Rheumatism. Citrate of Potash may be used in place of the vegetable juice. Nitrate of Potash is a good remedy - but it must not be used if there is any irritability of the alimentary canal, but it is very valuable in this disease and should be used largely diluted. External and Local Treatment. Cupping the spine in muscular Rheumatism is often beneficial. Wool or Cotton covering the part, with oil silk over it, making local perspiration, is often beneficial. If we have a complication of Cardiac affection. Co-

cal depletion, and blisters, &  
the internal use of calomel is  
indicated. Depletion is not  
advisable in anemic patients.  
In lumbral complications, in  
which we have wild delirium  
a Plaster to the back of the  
neck or cups to that part. But  
at first and concentrated bark  
and sometimes wine and  
Tonics form the proper diet.  
Chronic Rheumatism. Occurs  
especially in women. Rheuma-  
tism may cause Emorrhoids  
by affecting the rectum. Chronic  
Rheumatism may be caused by  
congestion of the spine, change  
of atmosphere, syphilis. The  
Syphilitic form Ind: Potassium  
and Mercury would form the  
proper treatment. In chronic  
articular Rheumatism we must



The face is swollen - sometimes  
to such an extent that the eyes  
are closed. The heat is variable.  
The throat is dry - There is a  
peculiar enlargement of the pa-  
pilla of the tongue. The symp-  
toms begin to decline when the  
eruptions disappear. The sales  
become moist or mucous -  
The sputa is muculated -  
and peculiarly white. There  
are several varieties of Measels.  
One is Rubiola sine Catarrho -  
it may also lack fever. It  
is doubtful if this be a genuine  
form of Measels. Another varie-  
ty is called Rubiola without E-  
ruptions - all the other symptoms  
are identical with those of meas-  
els. There is a form known as  
Rubiola Febris - The eruptions



are dusky, purplish - even  
black - commonly due to a  
low state of the system - With  
this we have the typhoid sym-  
ptoms - subsultus tendinum -  
low muttering delirium - Spe-  
cious Morbilli so called - is  
not Measels at all - This is  
proved from the fact that the  
system is not protected from a  
second attack - The eruptions are  
like those of measles but are not  
eucrotic - They usually begin on the  
trunk - the constitutional symp-  
toms are more marked - Throat  
and oral symptoms exist - No  
disquamation of the eruption  
takes place - Complications  
usually those affecting the  
respiratory organs - These  
are generally alleviated at

be caused not to alter - ankylosis  
This may be prevented by friction,  
almost constant motion, and  
vapour and sulphur baths. Stim-  
ulating diuretics. Turpentine,  
acting upon the Kidneys is useful.  
Cod liver oil is very useful in Ch.  
Rhum. Tinct Aconite - grt if it is a  
valuable remedy. In the mus-  
cular, neuralgic form electricity  
is useful.

Gout. This is a Blood disease.

Acute. Symptoms. Gout is often pre-  
ceded by deranged digestion, nausea,  
constipation. However it sometimes  
comes unexpected, in the night. At  
first there is no local evidence of the  
sear, but soon redness and swelling  
with a yellowish hue may be seen.  
Gout rarely occurs in Summer.

Chronic Double vision. Giddiness  
forgetfulness, deranged digestion



organs. Sooner or later a general droop is apt to set in. The ligaments are thickened - and in severe cases the Lithates are deposited around the joint & in some cases the patient is able to write his name with his joint. Atonic Gout. (nervous gout misplaced Gout) In this there is no external evidence of the disease. Often attacks the stomach and causes cramp. Sometimes attacks the heart. Causes. There is no doubt but that this is hereditary. Intemperance - or the use of Malt Liquors. Unostomical appearances. Thickening of the joints and ligaments. Effusion into the joints of Lithates. Displacement of the joints. Gout attacking the brain will if chronic often cause



the appearance of the eruption  
should be particularly guard-  
ed against. The pulmonary  
symptoms generally occur  
during the early stage - they  
delay the appearance of the  
eruption - sometimes they  
cause retrocession - When these  
symptoms are marked we  
frequently have convulsions -  
In all cases in which the sym-  
ptoms are aggravated ex-  
amine the lungs. Pneumonia is  
frequently latent - In those  
predisposed to Phthisis - the  
deposition of tubercle is apt  
to follow measles - Laryngitis  
is a frequent complication  
also Croup - Another compli-  
cation, and often a very se-  
rious one is diarrhoea - The

bowels are always irritable.  
Conjunctivitis is a frequent  
complication - commonest  
in strumous patients. Oozing  
is another complication -  
Ulceration of the mucous mem.  
brane of the mouth is common.  
Apthae are frequent. Dropsy  
is sometimes a complication -  
usually brought on by ex pos.  
ure. Anatomical changes -

The Solitary and Tyers' glands  
are enlarged, but never ulcera-  
ted. The tissues are easily torn.  
Diagnosis - Watery eyes and fever  
may raise the suspicion that  
Measles are to follow. The erupt-  
ion also resembles those of Small  
pox - but those of measles are  
readily effaced not as with  
those of variola. I may



fatty degeneration of the Basilar artery, and the brain will be imperfectly nourished and white softening will take place, and Apoplexy follow. It is believed by the highest authorities that Lactic acid is the diathesis of the malarious morbi of Gout. Gout usually attacks the smaller joints and Rheumatism usually the larger. Gout is Hereditary, rheumatism is not. Gout seldom occurs in <sup>the</sup> young, Rheumatism often. Gout generally affects high lives. Rheumatism all classes.

People suffering from Gout are liable to sudden death. Gout is very difficult to cure when once implanted all in the system. Treatment.

Leeching the joint is not advisable. Putting the limb in cold water is fraught with imminent danger. Dover's Powder in doses from gr. v to ℥i



is very useful. Colericum is  
a very useful agent in the cure  
of Gout. Vin Col. grt XX in  
a wineglassful of water may  
be used even in the acute &  
inflammatory forms of the  
disease. This remedy causes an  
increase in the quantity of Urine.  
Purgatives are useful in Gout.

R Cinnamon Aqu 3vj  
Cem. Tinct Card 3i  
Tinct Ginger 3i  
Cinastri grt X  
Soda Bicarb 3ij  
Sacch q.s.

M S. 3 times a day  
Local applications. Sedative  
articals are not usually good.  
The system should be brisk  
up with Gentian or Lunica  
Ext of Belladonna, Morph Sulph  
in Olive oil makes a good

be distinguished from Scar-  
latina by the different length  
of the prodromes - longer in  
the case of Measels. Difference  
in the color of the eruptions may  
also serve as a mark whereby  
we may distinguish the two diseases.  
Prognosis. Under favorable  
circumstances very few die -  
Treatment. Requires treat-  
ment the same as that for Scar-  
latina. In the early stages  
a farinaceous diet. Warm  
drinks may be used to bring  
out the eruptions. Hot milk  
and water. Balm Tea. The  
less of medicines used the  
better. Spir. Bell Nit. Effu-  
vescing draught. Union An-  
tiseptic. If the patient is  
very strong and the symptoms



are marked on either may  
prove useful - When the brain  
is affected it may become nec-  
essary to apply leeches to the back  
of the neck. When pulmonary  
complications take place the  
eruption is not so strongly marked  
not infrequently it recedes. It  
might at first be thought that  
stimulants should be employ-  
ed to bring the eruption out - but  
this is not so - for the inflamma-  
tion of the lungs makes up for  
the lack of the eruption - In these  
cases we must keep the respir-  
atory organs in good order - we  
may force the opening up of the  
bronchia by the administration  
of Ipecac - a sufficient quantity  
of this should be given to bring  
about free emesis - Put a



application. The bowels should be opened every day - in order to do this the following prescription forms a very good gentle laxative.

R

Pulv. Rhii.  $3\text{ij}$

Ext. Gentian.  $3\text{j}$

St. Ignat gr  $\text{viii}$ .

M. et div. in Pil. xxx

S Take Pil  $\text{ij}$  at night.

Stomatitis. Thrush. Occurs in the first month of life. The infant is restless. The disease is caused by over nursing, or the exhibition of improper food. It is not contagious, but the same Rhin or reddish crust, in sometimes is found on the mother's nipple.

Follicular ulceration. Usually occurs upon the end of the tongue or sometimes upon the gums. This is a very

common disease.

Ulcerative Stomatitis. Diphtheria usually attends this affection, this is caused by the discharge finding the way into the stomach. The breath is very offensive.

Gangrene of the Mouth. This disease occurs in children and is generally fatal. Diphtheria usually attends this affection. The breath is very offensive.

Mercurial Stomatitis. The submaxillary gland usually becomes very much enlarged. The breath is very fetid.

Treatment of these diseases of the mouth. Thrush. The common powdered Borax and sugar or a mixture a useful local application. Correct the digestive organs. It may be well to



vulnivers upon the chest. Must-  
tace plaster, and the like. Tar-  
tar Emulsi, even in small doses  
must not be used. If we have  
severe cough to treat we should  
use Narcotics moderately - do  
not strive to remove it - merely  
modify it. It is not well  
to apply counter irritation over  
places where laches have been.  
It might cause gangrene.  
Do not use cold in this disease  
as prescribed in Scarlatina.  
Dysentery must be treat-  
ed as that condition under  
other circumstances. Dover's  
Powder may be used to check  
it.

Erysipelas. "St. Anthony's fire."  
"The Rose." The word Erysipelas means



to draw near to approach. This is  
intended to designate its mi-  
gratory peculiarities. It may  
be defined to be an inflam-  
mation of the skin, tending to  
spread from the point first  
attacked - characterized by  
redness - and resulting in  
resolution, ulceration or  
gangrene. This disease is  
most commonly Idiopathic.  
There is an especial condition  
of the economy necessary to  
the formation of this disease.  
Mercurial action alone cannot  
cause it. Its cause are  
not known. It most  
frequently attacks the face  
and legs. By some it is  
supposed to be hereditary -  
it is doubtless often epidemic.

give a dose of Castor Oil.

Follicular Ulceration. - The ulceration may be touched with the nitrate of silver, and correcting the digestive organs.

Ulcerative Stomatitis. - Stimulate the parts. - Solution of the Sulphate of Copper applied with the brush. Gangrene of the Mouth. - Stimulating treatment. - Wine whey. - Beef Tea.

The solid nitrate of silver applied to the parts. - Bark. - A solution of the sulphate of Copper applied with a hair pencil.

Mercurial Stomatitis. - Needs but little treatment usually. - A mouth wash of diluted Myrrh. - is often good.

Faucesitis. - Inflammation of the Throat. - Usually caused by change in atmosphere, or breathing particles of dust. - It may be the cause



by a Rheumatic or Gouty affection.  
Stimulating gargles - such as a  
solution of Alum. A gentle  
laxative, and sometimes Ipec-  
ac. in emetic doses. Chronic  
Faucesitis. Often due to Symp-  
sia. When it goes into the Lar-  
ynx it is called Coryza  
Dysphagia. Does not often  
lead to ulceration. Local  
Application. Linc's Sulph. gr. 8  
to Aquam. 3j; may be put into  
the throat with a hair pen-  
cil. The system must be  
attended to.

Tonsillitis. Known by the name of  
Quincy. Sometimes ushered  
in by a chill. The submax-  
illary gland is often enlarged,  
so much so that the patient can  
not fully open the mouth. The



ix. In a robust person it is almost always inflammatory and attacks the face - and generally ends favorably - In the anemic it is usually sluggish. Erysipelas is contagious. Symptoms, in general. In the simple form - the disease is confined to the skin. Region - loss of appetite - headache - depression - and what is peculiar - gastric disturbance - enlargement of the lymphatic glands - which enlargement may take place before the eruption appears. Burning pain - This pain is persistent - increased by pressure. The heat is great - The redness is generally first seen upon the bridge of the nose - The skin looks

smooth and shining - but it is  
rough to the touch - due to the el-  
evation of the papilla - The swell-  
ing causes intense pain - Puls-  
full and strong ranging from 100  
to 120 - Delirium - There may be  
either constipation or diarrhoea -  
The vomiting usually consists large-  
ly of bile - The swelling is due to  
the effusion of serum into the cell-  
ular tissue - In the beginning of the  
decline - the fever subsides - and the  
skin owing to its former great dis-  
tension exfoliates - There are Bleds  
and abuses of a malarial -  
ie Rema frequently found -  
The duration of the simple form  
in the first attack is gener-  
ally about 1 or 2 weeks - one  
attack predisposes to subse-  
quent ones - the after ones are



Tonsils are enlarged and inflamed - and sometimes an albuminous deposit is found on the tonsils. The tongue is furred. It usually lasts about seven days, at which time ulceration usually takes place, and almost instant relief is afforded. Causes of Tonsillitis have in a few instances proved fatal. This disease seems to be hereditary in a degree. It is most usually the effect of sudden change in atmosphere. This is all applicable to the acute form of Tonsillitis. In the chronic form the tonsils are not so much enlarged as in the acute. Treatment of the acute form. In the early stage when the disease is forming - astringent gargles, such as alum or copper alum - or nitrate of silver may be applied. Common roasted potatoes put into a stock



ing and pulling it around  
the throat - this will hasten  
suppuration and relieve the  
patient. The diet of the patient  
must be strictly attended to  
nutritive substances such as  
beef tea: ice cream is a very  
gratifying article of food in this  
disease. In chronic forms  
it sometimes becomes necessary  
to remove a part of the Tonsil.  
Frequent applications of the  
nitrate of silver is useful in  
this form.

Diphtheria. - Membranous angina.  
There is a membranous deposit  
which will be seen in the fau-  
ces - at first it is in spots, but  
soon becomes continuous. The  
membrane is yellowish gray,  
crabby, sometimes ash colored

generally shorter. The disease  
sometimes spreads to the scalp -  
the ears are sometimes affected  
in these cases there is always  
very severe headache. Idiopathic  
is Erysipelas more common pri-  
marily upon the scalp. From  
the density of the tissue of this  
part the pain is very intense.  
Coma is very frequent when the  
disease affects the scalp. Oedema  
always Erysipelas. Not so pain-  
ful - there is more pitting - due  
to the general effusion of serum -  
Phlegmonous form - Resembling  
a boil. Before the attack the  
part to be affected is dull, heavy  
& tender. Subsequently we have  
pitting - the pain is then not so  
severe - This pitting is made pos-  
sible by the formation of pus



This fur is not Laidable - It  
is thin, wet and greyish -  
and contains shreds of con-  
nective tissue - Typical  
symptoms - Fever, sweats,  
boasting, diarrhoea - and often  
death - The whole scalp may  
be raised from the skull - I  
win the Pericranium - Should  
this be the case - Necrosis of the  
bone of the cranium will fol-  
low - Gangrenous Erysipelas -  
particularly apt to attack  
the old and feeble - Symptoms -  
Dusky red skin - redness will  
not disappear under pressure -  
Not much heat or pain - The  
swelling is doughy - Blisters and  
Blisters form upon the surface  
containing Ichor - These blisters are  
dark - This darkness marks



It is sometimes soft, and again  
it is leathery, and tinaceous -  
Sputative form. Might be confound-  
ed with angina - This form is mild.  
Malignant form. Often preceded  
by a chill, followed by high fever.  
Delirium is very rare in this disease.  
The breath is very offensive, and  
the sputa would seem to indicate  
gangrene of the throat. Sometimes  
it shows itself in the nose - angle  
of the mouth, angle of the eyes - be-  
hind the ears - If the gum be can-  
ced or a blister applied the dip-  
theritic deposit will be found in  
it thus showing it to be a general  
and not a local affection. Ul-  
ceration is not frequent in this  
disease - In the mild form but  
little treatment is needed. The  
Prognosis must be very guarded.  
Sometimes converted into the

Kidney is found - But this is  
a mere accident. The sequel  
most common after this disease  
is paralysis - discharge from  
the ears is not very common.  
This Paralysis usually occurs at  
about the time of convalescence.  
It does not often last long though  
sometimes it does. Occurs most  
frequently in early life Dr. Pepper  
does not believe this disease to be  
contagious. though he says it is  
certainly Epidemic - Sometimes  
only lasts 3 or 4 days - but it some  
times holds on for 3 or 4 weeks.  
Some believe that this disease  
is identical with Scarlatina.  
But this is an error. Among other  
reasons that these persons hold  
for their belief is that dyspnea  
most generally follows both  
diseases but this is an error for



the probability of gangrene. If  
the Gangrene be merely superficial,  
it is not very dangerous.  
But if it be deep, we may know  
that the constitution is in a  
depressed condition. Phlegmonous  
Erysipelas is known in the  
throat as Black Tongue. Black  
Tongue occurs in Typhoid fever.  
Epidemic Erysipelas frequently  
begins upon mucous membranes.  
The Throat. The Nause. This redness  
is not the first symptom notice-  
d. the glands connected with  
the throat swell. This Erysip-  
elas may spread in any direc-  
tion. either into the oesophagus or  
beginning in the throat it may go  
into the Nause. Bubbles are sometimes  
seen upon the throat. Deglutition  
may become utterly impossible. In



inflammation of other organs is frequently connected with Epidemic Erysipelat. Some suppose this inflammation to be Erysipelatous. Thus the Pneumonia and Pleurisy they would regard Erysipelatous. Dr. Stillé is disposed to believe that these inflammations are mere complications. Belongs Erysipelatous. Bitterness in the mouth. Yellowness of the skin and conjunctiva. Great Gastric disturbance. Belongs Leucorrhoea is frequent. The Urine scanty and contains bile. Exaltic form of Erysipelat. is indefinite almost in duration. Prognosis. of simple Erysipelat. In healthy persons. if confined to the face. it generally gets well. Phlegmonous Erysip=

it seldom follows Diphtheria. Scarlatina is of definite duration. Diphtheria is very variable in duration. The pulse in Diphtheria is not nearly so frequent<sup>ly</sup> as in Scarlatina. This is a blood disease - Croup is a local affection. which shows that these two diseases are totally different. Treatment. Must vary greatly. The character of the existing Epidemic must be regarded. In mild forms we need only use Strychnine, a mild laxative and a local application. In the malignant forms we must uphold the system from the very first - Tonics, Beef Tea etc. As a local application in the mild forms Alum, Borax & Sugar in equal parts may be put into the throat in a sugar pencil every 2 or 3 hours. Ice is very



grateful. Iodine may be used, but should be exhibited with great care. but it salivates. Do not apply leeches or a blister on the outside of the throat. Nitrate of Silver gr & to the  $\frac{1}{2}$  is a useful application to the inside of the throat. The nose frequently becomes stopped up. This must be removed. Sulphate of Zinc gr  $\frac{1}{2}$  to the  $\frac{1}{2}$  may be put into the nose with a hair pencil. Solid food must be interdicted. Albuminuria is very common after this disease - but this follows many other diseases -

Inflammation of the Pharynx. Pain and difficulty in swallowing are the general symptoms. This may be caused by change



plan is always dangerous -  
Curepular when attacking in  
tended organs is to be avoided.  
The probabilities of relapse must  
be taken into consideration.  
When Curepularious Inflamm-  
ation has existed we rare-  
ly find Pus. There may be Se-  
ro-pur or Euum. Treatment.  
Is very variable. Large num-  
ber of cases need no treatment  
whatever. In the malignant  
form a supporting plan is call-  
ed for. Rest. If the bowels  
are confined - a saline lax-  
ative. Diaphoretic. Nutritive  
mixture. Boer's Powder. if  
the patient is weak. To re-  
lieve the itching and burning  
we may powder with fine  
starch. Glycerin Ointment

When there is a tendency to  
Relieve vomiting - we should  
give an emetic - at the very  
outset - This is in these cases  
very beneficial - Ipecac. is  
far the best - if it does not hap-  
pen to be at hand, we may  
employ Camomile Tea - In-  
fusion of Bismuth - This vom-  
iting - must be copious and  
of long continuance - The An-  
tispasmodic emetics should  
not be used - Mercury should  
not be employed - it is de-  
pressing - Purgatives are not  
advisable - Stimulants lo-  
cally and generally should  
be given - These should not  
be given at the very begin-  
ning of the attack - But  
when the patient is in the Ty-



in atmosphere. But it is usually  
incident upon the accidental sur-  
rounding hot substances, or mineral  
acids. In the acute form in the  
robust subject the Treatment would  
be counter irritation in the shape  
of leeches or a blister on the neck,  
a mild cathartic, etc. In the Chro-  
nic form astringent gargles such as  
solutions of Zinc Sulphate or Copper  
Sulphate. Tonics, and attention  
to the general system. In struc-  
ture of the Pharynx occurring from  
Cancer the case is hopeless. Can-  
cer is most likely to take place at  
the lower part of the Pharynx or  
Oesophagus. Spasm may be  
confounded with Stricture.

### Diseases of the Stomach.

Acute septimy of the Stomach. This  
is caused after death by the act.



ion of the Gastric juice - but it will not occur without heat - thus we meet with it in the summer oftener than in the winter. The gastric juice may even act upon the stomach in life if the vital functions are very low.

Simple ulceration of the Stomach.  
The ulcer is about half an inch in diameter usually - it is most commonly on the lesser curvature and at the Pyloric orifice of this organ - it is not then due to Gastric Juice - Symptoms Intense pain in a marked spot - provoked by food - hemorrhage is apt to occur. This pain caused by food is relieved at the close of digestion. A simple ulcer may be healed, but a malignant ulcer

phical state we must ad-  
minister stimulants - be  
the sooner or later - The best  
form of stimulation is Al-  
cohol - Wine is better than  
Brandy and Brandy is better  
than Whisky - Brandy may  
be given in the dose of  $\frac{j}{ij}$  to  $\frac{ij}{i}$   
every three hours - from this  
we must feel our way - and  
give more if needful - Ruf  
Tea - Do not overtask the pow-  
ers of digestion - Wine Whey -  
Chicken soup - If the patient  
complains of vomiting and  
nausea - suspend food for  
a few hours - for it is very in-  
jurious, under these circum-  
stances to over-load the stom-  
ach - Injections of liquor  
food may be substituted -



Sulph. Ferri. Muricat. is the most powerful remedy that can be used in this disease. Dr. Still believes it to be as much a specific in Erysipelas as Quina is in Intermittent fever. Dose grs. XV to XXV. Bathing the part in Soap Liniment several times a day is often beneficial in the superficial variety of Erysipelas. As to the contagiousness of Erysipelas Dr. Still says that it is not yet proved. It may be conveyed to the parturient female and produce in her Puerperal fever. Bleeding on the Erysipelatous surface. kept thin for a little time - when it is not phlegmoneous, may be useful. They cannot stop the progress of the



may be looked upon as incurable.  
Treatment. - Very little food must be  
taken - Cerum - Beef essence - in small  
quantities may be taken by the mouth.  
Crums of nutritious articles must  
be resorted to. - If hemorrhage occurs  
Ice in small pieces must be swallowed  
ed. - In order to relieve the great  
pain a blister may be applied over  
the painful part, and the ulcerated  
part dressed with a solution of  
Morphine.

Cancer of the Stomach. The most com-  
mon form is the Scirrhous. Most likel-  
y to occur in the middle aged.

Cancer of this organ is not always  
painful, vomiting is the most im-  
portant and constant symptom.  
When the food is vomited almost  
entirely undigested it may be  
expected that the cancer is at the  
cardiac orifice. But it is not

frequent that the cancer occurs  
at this end. Vomiting is ~~not~~  
to occur oftener than at interval  
of some 2; 3 or 4 days, and then  
a great quantity of decomposed  
alimentary matter will be vom-  
ited at once. The breath previous  
to this will be horribly fetid, &  
the patient will have a very  
good appetite, until the stoma-  
chus is so much enlarged that  
it may be felt fluctuating over  
in the Thoracic region. Vom-  
iting may remit for even months.  
Emaciation is very marked  
in this disease. There is some-  
times a vomiting of blood, not  
pure, but partly digested. This  
hemorrhage is slow - and but  
a small quantity it usually  
vomited at once. In the  
very early stages this disease



inflammation. The Nitrate of Silver applied either in the solid stick or in strong solution is useful in the tolerable superficial Erysipelas. Tinct. Iodine may be employed but it is not as useful as Nitrate of Silver - except in the very superficial form. Mercuric ointment may be useful. The applications made should be warm.

Yellow fever. A febrile disease of the sea coast in hot climates. Characterized by a jaundiced coloration. Extends between  $20^{\circ}$  north and  $40^{\circ}$  south - When it occurs without its ordinary limits the mean temperature is found to be higher than usual. Heat then is always necessary to its formation. It is very gen.



erally found near the sea coast.  
In every case where an epidemic  
of this disease has taken place  
there has been found a collection  
of decomposing animal  
and vegetable matter. But  
all the decomposing matter  
in the world would not  
in this latitude generate Yellow  
fever without the seed be planted.  
Ed. Frequently the beginning of  
the disease is insidious. It  
begins with giddiness - loss of  
power in the lower limbs - cold  
and clammy skin - feeble pulse.  
The patient may fall and often  
dies in a very few hours. There  
are what are called walking  
cases. in them the person goes  
about absolutely pulseless - he  
is soon knocked down and may

cannot be distinguished from dyspepsia. The Cancer is of slow development, sometimes lasting 5 years. The general average of time previous to the fatal result is about 1 year. Cancer cannot be caused by Gastritis either acute or chronic, per se, but if the predisposition exist any thing irritating may cause it.

Treatment. Mitigate pain, and palliate the symptoms. This may be done by Opium and Morphia. A liquid diet. Beef Tea - eggs. The acidity of the stomach may be removed by Magnesia - which will not irritate. Nutritious nina. Preparations of Iron.

Gastritis. Inflammation of the Stomach. Erythematous inflammation of the stomach is common. Fever does not usually attend this form



of inflammation.

Acute Gastritis. Rare. Symptoms.  
Great thirst. Respiration hurried.  
Vomiting. Loss of appetite. Later  
in the disease the Tongue becomes  
red. Still later we may have  
coldness of the extremities, delirium.  
Food aggravates the pain. The  
most common cause of this di-  
sease is the accidental use  
of strong acids. Neuralgia  
might be confounded with  
this affection, but in this di-  
sease the pain is more uninter-  
mitting, and is usually relieved  
temporarily by pressure. Re-  
duction of heat to too great  
an extent has caused this di-  
sease. Prognosis. The Ery-  
thematous form is never fa-  
tal. The acute form is most  
generally fatal. A Therapeutic



die. In the common inflamm-  
matory form - we have the usual  
prodromes of fever - depression -  
pain in the head - This pain is  
peculiar - it is sharp and darts  
from temple to temple - Pain in  
the back and loins shooting  
down the limbs - fullness - soon  
the face becomes flushed - the  
eyes look strongly - they are  
red watery and gazing - The  
mucous is usually clear - vom-  
iting - retching - The first mat-  
ters thrown up are bilious - Some  
they become intensely acid - The  
epigastrium is tender under  
pressure - and there is a burn-  
ing pain in the stomach. An  
intense craving for cold drinks  
especially if acidulated. These  
drinks when taken are found

to give no relief - but rather to  
augment the pain - and they  
are injured - From this time  
the urine diminishes - The du-  
ration of these symptoms may  
be for hours, or for days - Now  
the fever remits - If the patient  
is to get well the symptoms dis-  
appear gradually. If they go on  
there is soon observed a yellow-  
ish hue of the skin - which before  
long becomes general and strong-  
ly marked - Soon there is  
Black vomit - This is thrown  
up without any difficulty or  
pain - it is rather regurgitat-  
ed than vomited - This Black  
liquid is not only vomited but  
is also passed by the bowels - It  
will be found on all excori-  
ated or ulcerated surfaces - Gar.



her must often be resorted to in order to discriminate Gastritis from Dyspepsia. A Glaucylin may be used for this - if it be simple Dyspepsia the symptoms will be relieved or partially so. if it be Gastritis the pain will be increased.

Chronic Gastritis. Females are more apt to suffer from this affection than males. The explanation may be found in the fact that they are much more liable to nervous diseases. It is caused in man by excessive eating and drinking. This disease is rare in the young - and seldom occurs until after 30 yrs. of age.

Treatment. Acute Antepylgostic course. Such as  
ing over the stomach. A blister over this region dressed by  
Mercurial ointment will



prove beneficial. Effervescing  
draught. A solution of Lead  
taken internally is useful.  
See Diet. Little cream. Both  
Chronic Gastritis & Depleting  
would be injurious here -  
otherwise the Treatment is  
much like the acute form.  
Scanty Diet. Balsam of Capivi.

Dyspepsia Causes. Improper  
or too large a quantity of food,  
Lack of Exercise. Protracted study  
is a fruitful cause of this disease.  
The use of Opium. Tobacco. Sym.  
Sore of weight about the stom-  
ach. Fetid breath. Furred  
tongue. These are local distin-  
guishes. General. Sore throat,  
Purulent sight. Sometimes  
vomiting. A very common  
disease. Prognosis

given rather place very readily -  
The patient becomes more and  
more weakened - is generally  
conscious - maybe delirious or  
comatose - Then there seems to  
be three stages. The first is one  
of inflammatory and nervous  
derangement - The second is one  
of truce - The third is one in  
which there is a return of the  
symptoms and Black vomit.  
About the 4th day if the urine  
be examined we will find it  
to be cloudy - This is due to the pres-  
ence of the epithelium cells of the  
bladder and urinary passages -  
There are frequently found casts  
of the uriniferous tubules - The  
urine is not often bloody - it  
sometimes contains the color-  
ing matter of the blood which



is exuded from the capillaries. The  
urine is almost always albumin-  
ous. Some have supposed Gel-  
low fever to be identical with the  
mittent - but there is no case of  
Remittent fever in which Album-  
en is found in the urine. -  
Bile is contained in the urine. -  
The <sup>urine</sup> ~~urine~~ contained in the urine is  
always much diminished in Yellow  
fever - ura retained in the body  
is discharged from the mucous  
membranes as ammonia. The  
breath is ammoniacal. The  
first discharges from the bowels  
are feculent - afterwards they  
are mucus made by a hypersec-  
retion of the follicles. This discharge  
is very fetid. After the mucus  
discharges there comes serous  
stools. This is liquid and



This must be changed by the cause. Persons afflicted with this disease are more likely to succumb when taken with other affection. and this is the greatest danger connected with this disease. The management of this disease consists mainly in the quantity and quality of the diet which must be regulated. Too large a quantity of food may cause dyspepsia. Food should not be had oftener than at intervals of 3 hours and a limited quantity should be taken. Patients suffering from this disease have a craving for eatables so 3 hours as the time stated as a proper interval. As a general rule animal food is the best kind for dyspeptics. especially all kinds of Game. venison etc.

rust mutton - for this is  
more easily assimilated  
than even chicken - Raw  
vegetables - such as Kale slaw  
for example - Untasted  
apples and (~~Apple~~) Melons must  
be discarded. Brewt of  
Rind should be eaten. Cham-  
pagne and ice often has a  
very happy effect in dyspeptic  
vomiting. Cold cider is often  
useful. Exercise in connection  
with pleasant company  
is very useful - Riding, driving,  
travelling, sailing and walking  
are the proper forms of exercise.  
Therapeutic Treatment. Tonics  
must be used sooner or later.  
The Tincture of Gentian is the  
most useful of the vegetable  
tonics. Iron - especially the  
Bitter wine of Iron is benefi-



upon standing deposits a dirty  
grey substance - Subsequently  
still, the stools are very scanty  
and are entirely mucous - They  
may contain blood and be  
brown or black - or they may  
contain bile - At one stage the  
stools are nearly colorless. This  
is due to suppression of the secret-  
ion of the glands of the colon - which  
are the ones that give the color  
to healthy feces. Blood drawn  
from those suffering from Bil-  
low fever if the disease is com-  
paratively mild, does not  
coagulate perfectly - In the  
more malignant forms it  
will not coagulate at all.  
The serum of the blood is yellow-  
ish - This is due to Bil - A Post.  
Examination will reveal the lungs



congested. The stomach presents  
a spleenish mucus membrane  
and is either congested or pale.  
if pale this has been much  
black vomiting. The stomach  
contains mucus or has Black vom.  
it. This is thin and watery or  
may be thick as gruel. It is  
greenish and is intensely acid.  
This Black vomit is deorganized  
blood. the coloring matter  
is amorphous. The color of the  
liver is jaundice. From inflamm-  
matory action the liver is un-  
able to separate from the blood  
the bile. it (the liver) is therefore  
blanchish. The Gall Bladder  
has usually but little bile with-  
in it. The Kidneys are congest-  
ed. if they be cut the cortical  
portion will be found very red

ial. Acidity is very troublesome  
in this disease. Magnesia is  
useful to correct this.

R. Rale Rhii Zi

Ext. Gum. Zi

St. Symp. gr.  $\text{Xij}$

M. ad div in Pil. XXX

S. Take one in quantity of Beer.  
This will empty the Colon, but  
will not purge, and therefore  
does not debilitate - but proves  
a useful Tonic. There is fre-  
quently a very voracious appe-  
tite. Bellocenna in these cases  
is beneficial. Counter irritation  
etc. Often dyspepsia is atten-  
ded with vomiting. This may  
be due to disease of the stomach  
itself - or it may be due to disor-  
der in the Kidneys - or even the Brain.  
If it be due to disorder of the  
Stomach - we must first give



an emetic a valuable throat  
organ - Tincture of Ginger,  
Cucurbit may be used -  
If it be due to Brain dis-  
order counter irritation - cups  
a blister on the back of the  
neck - If a sequance of  
Kidney disorder - diuretics  
and cups would be the  
proper treatment - Flat  
ulcer, due to slow digestion,  
is a very constant attend-  
ant of Dyspepsia. Murmuratic  
acid gts  $\text{viij}$  to  $\text{x}$  is useful  
by promoting digestion -  
Rhubarb and Tincture of  
Ginger is beneficial for  
the same end.

Painful affections of the Stomach  
Spasm. Is extremely painful.  
Patients usually doubled up.



and dull - while the tubular  
portion will be light. The dead  
epithelial cells show up to a  
degree the tubules - Yellow serum  
is generally to be found within  
the ventricles of the Brain - &  
at the base of the organ -  
Prognosis - When the symptoms  
are mild occurring in  
a good constitution it is favor-  
able. If after the first parox-  
ysm sweating follow it is  
very probable that the disease  
will be cut short. In those  
of full habit and in drunk-  
ards the disease is very gen-  
erally fatal. Black vomit  
is a very dangerous symptom  
99 out of 100 in whom this occurs  
die. Popular and a dark  
leadens hue of the Skin, as also

The suppression of urine are  
dangerous symptoms. The  
incubable of the danger they are  
in. may be regarded as a pre-  
carious position. The mortality  
in different Epidemics varies  
from 8 per cent to 80 and 90.  
Diagnosis - Might be confounded  
with Bilious Remittent fever -  
Yellow Fever Remittent -  
In towns by the sea In the country -  
Hot latitudes Occurs also out of this -  
Prevalent in the summer Autumn -  
Rare for more than one attack Not so -  
Mortality very great Not so -  
No antidote than in attack Quinine -  
Yellow skin great Not very marked -  
Bloody acid vomit Bilious not acid -  
Suppression of urine Not Not so -  
Urine Albuminous No albuminous -  
This disease is not communicable



Due sometimes to reflex <sup>action</sup> from a remote organ, but more frequently consequent upon irritating alimentary matter in the Stomach. If this should be the case an emetic such as Ipecac. is indicated.

Gastralgia. Often occurs at marked intermissions. Is a neuralgic affection. Treatment  
Anodynes. Opium gr i or  $\frac{1}{2}$ .  
Lumina should be used. Tonics are called for, especially Iron. Bismuth seems to be particularly useful. Sometimes it is a Gouty affection of the Stomach. When this is the case Colchicum in connection with alcohol should be employed.

Pyrosis. Usually occurs in the morning before any food has been taken. In some



places it is endemic -

Treatment Tonics. Iron.

In Scotland where it is En-

demic, lime water is used.  
Mineral acids should be

employed.

Chronic Headache - Sometimes  
connected with vomiting - &  
due to excessive acidity. Al-

kalis would be indicated.  
If due to debility - Brandy - Nut-

Diarrhoea - Pain  
coming on 2 or 3 hours after  
taking food. Excessive flow of  
Bile are the common sym-  
ptoms of this disease.

Treatment - Apply a few  
leeches - after which a Dis-  
ter. dressed with Mucunal  
preparation. Little food

ated to them residing in a healthy  
district usually. It seems that  
there are some very rare instances  
as in which this disease has been  
contagious. Treatment. No  
plan and remedy seem to  
do any good. Bleeding is al-  
most never called for. A  
purgative at the very beginning of  
the disease is often very useful.  
Sometimes the early application  
of the cold douche and friction  
afterward applied seem to  
be beneficial. But in many  
instances there will be no re-  
action - if this is the case - it  
will be injurious. Mercurials  
have been used - but they are  
detrimental - even when used  
as a mere laxative it is not  
indicated. Quinine and



Bath have been used largely  
But it is not advisable to em-  
ploy them, they produce congestion.  
The only treatment proper is to  
meet the symptoms as they arise.  
If a purgative be used it must  
be given in the very early stage.  
Cool and acidulous drinks and  
studies with lemon or orange juice  
are grateful - Oppressing draught.  
In the 2nd. stage if the sympto-  
ms are very mild we need do  
but little. - Whisky - light food -  
Chicken soup. - If the head be  
very painful we may apply  
cold. - If the skin becomes yellow  
and the eyes redder. - If the  
vomiting contains dark spots  
we may know that death is  
almost necessary to follow. - We can  
do but little. - Uphold the powers



should be taken. Little med-  
icine.

Muco Enteritis. Little constitu-  
tional symptoms seen in adults  
not so in children. Bacteria  
attends this disease. but if it  
affects the muscular lining of  
the intestine we have obstinate  
constipation.

Simple Enteritis. Usually a  
simple antiphlogistic treatment  
is indicated. Light Broths or  
Farinaceous food should form  
the diet.

Chronic Enteritis. This form is  
sometimes chronic from the be-  
ginning. Treatment. Counter  
irritation over the abdomen.  
Never purge in this disease.

Diseases of the Colon. Cuput Coli.  
Frequently faeces become impacted.

in the caecum and forms  
a more or less painful tumor.  
It may become impacted at  
the sigmoid flexure. Vomiting,  
Nausea, and Constipation form  
the symptoms. This state is  
known as the disease *Typhilitis*.  
This may cause perforation or  
ulceration, and thus bring  
on death. If this stopping up  
is due to a cancer it may be  
assisted by instruments, but  
if it is high up this is impos-  
sible. If not due to cancer it  
may be relieved by friction or  
electricity. drastic purges should  
not be resorted to. But little  
food should be taken.  
Brevers of the Vermiform appen-  
dex. When inflammation  
takes place in the appendix  
it is usually due to a foreign



of life - Alcoholic Stimulants -  
Brother - Abstin over the epigastrium - does it with one of the salts of Morphine - Syphilis may be cured with the hopes of checking the Black vomit. When the Kidneys have ceased to act we must not push the alcoholic stimulants - for they remain in the system - and the larger quantity will poison. The best treatment is good nursing and quiet rest.

We pass now to consider fevers most commonly found in temperate climates, and near fresh water. In Periodical fevers we have a succession of distinct paroxysms. A Miasm is anything which contaminates the system. Sometimes called Miasm fevers. These



Periodical fevers are of ancient  
origin - All of these fevers - of  
what ever type - yield to the  
preparations of Bark - They  
exist between the bounds of cut-  
am latitude. More temper-  
ature alone cannot cause In-  
termittents or Remittents. These  
diseases exist mostly where the  
soil is alluvial - where there  
is luxuriant vegetation and  
where there is heat - The at-  
mosphere has a peculiar and  
disagreeable odor - If there is  
a great deal of rain covering the  
decaying vegetables in Mias-  
matic regions there will be  
a healthy season, as a conse-  
quence - The causes of these  
Miasmatic diseases are nat-  
ural - Exposed in the

body present in the part. such  
as a grape stone. Treatment.

Use no mercury. Employ Opium  
in order to keep the intestines in  
splints. Use little food.

### Functional disease of the Alimentary Canal.

Diarrhoea. This may be due to  
slight inflammation of the al-  
imentary canal. There is a  
disease known commonly as  
smooth bowels. the food is found  
in the alvine discharges soon after  
taken. This is due to disease in  
the stomach and the food is  
therefore discharged undigested.

Collegation Diarrhoea. Occurs in  
Consumption and Cancer. Dia-  
rrhoea may be caused by reflex ac-  
tion. Simple Diarrhoea. Treat  
ment. Alkalies are indicated



lime water - Little food - Pel-  
con brankora would be prop-  
erly treated by alterative doses  
of Blue Pill. Among the best  
astringents are Kino - Tannic &  
Gallic acid. Rhubarb. Wist  
Chickens water. Days. Anars.  
Tapioca is useful. Raw meat  
is very useful in obstinate diarr-  
hoea. It should be grated  
into a pulp and incorporated  
with Brandy - or Salt. If this  
a child should take  $\frac{1}{2}$  3 times  
a day - for and adults, more.

Colitis - Dysentery. Not usually  
much constitutional distur-  
bance. Pain in the left iliac  
fossa. But little feculent matter  
discharged. Inflammation  
often extends to the bladder and  
the patient micturates with



might being particularly danger-  
ous is no argument against this.  
After sun down the den denudes  
and the poison is perceptible.  
ed, as it were, in a concentric  
ed form. - That the poison  
may remain in the system for  
a long time, once there be devel-  
oped - even when the patient  
has been removed from the cause  
is a proof of its materiality.  
The poison enters by the Lungs.

Intermittent Fever - Nervous  
disturbance - reflex of Blood-  
fever and reaction - is the  
order of the derangements. Loss  
of appetite - General uneas-  
iness - Depressed spirits. Debil-  
ity - Pain in the Back & Limbs. The  
pain in the back is peculiar

It extends the whole length  
of the spinal column. This is  
supposed to be due to the consist-  
ency of the Spinal cord. In the  
cold stage The extremities are shrunken  
in - complain of cold - draws  
up the Rins - The extremities  
are absolutely colder than nat-  
urally - while the trunk is ther-  
mometrically warmer. The  
coldness here is nervous - The  
cordons of nervousness are  
shaking - chattering of the teeth -  
Breathing hurried and anx-  
ious - voice weak and shrill -  
Pulse small and generally fre-  
quent - Urine copious and  
clear - Sometimes nausea  
and vomiting - The spleen be-  
comes the seat of internal en-  
gorgement - This organ is



difficulty. Checked perspiration, poisonous exhalations either of animal or vegetable decomposition, improper food are the causes of this disease. This disease is not strictly contagious.

Treatment. Leeches applied sometimes to the anus, or to the abdomen are beneficial. Calomel, Opium, and Ipecac in proper combination are useful. A blister applied over the abdomen and subsequently dressed with Mercurial ointment may be employed. In the inflammatory form strict attention should be given to Diet. Chicken water & very light broths. In the Typhoid forms Wine, whey, Ruffed Sulphate of Quina, and Haemorrhic or Acetate of Lead in order to allay any hemorrhage.



Chronic Dysentery. The character and quantity of the discharges in this form may vary every day. sometimes containing blood. This form of dysentery is sometimes brought on by Surgical operations about the Perineum or by injuries of the Lower extremities. The most common (cause) cause is sudden change of temperature. Treatment. Never deplete. Do not push Mercury. Preparations of Iron. Tannic acid. Counter irritation over the bowels by Croton Oil is beneficial. Do not apply blisters.

Constipation. It must be remembered that this is a relative term. If much

sometimes painful - and may  
be felt below the ribs - showing  
its temporary enlargement -  
The length of the cold stage - is  
variable - Generally longer  
when the patient is weakest  
After the chill has lasted for  
some time - the patient com-  
plains of flashes of heat -  
Gradually the integument  
formerly shrunken, becomes  
swollen, and the chills grow  
flushed - Then may now  
be active delirium - Head-  
ache - Skin hot and dry  
Pulse rapid - 100 to 120 - Urine  
scanty and highly colored -  
Duration of the hot stage gen-  
erally 3 or 4 hours - After this  
we observe the pulse grows  
slower - perspiration be =



gins. Tongue becomes moist.  
Headache disappears. Urine the  
positive urates. Patient for the  
first time since the attack sleep-  
ed to sleep. Sweats - sometimes  
profusely. Total length of the  
paroxysm on an average 8 or  
7 hours. First paroxysms usu-  
ally longer than the following  
ones. Now comes the intermis-  
sion. This is the only fever in  
which there is an apyrexia.  
Patient complains of debility -  
disagreeable taste in the mouth.  
After several paroxysms the skin  
becomes of a dirty muddy or  
most sallow hue. The con-  
junctiva is not yellowish  
as in Jaundice. These par-  
oxysms generally - or we may  
say almost always come on



animal food it follows the  
discharge will be small and  
occur infrequently. In Diabetes  
the discharges are infrequent and  
scanty. If constipation become  
at all chronic the patient will  
be ill tempered - unable to apply  
the mind to study. Constipa-  
tion may be due to a lack  
of the secretion of Bile - or to the  
increased action of the absor-  
bents - especially following low  
fevers - rheumatism of the  
abdominal muscles - pa-  
ralysis are the most frequent  
causes of this disease -

Treatment If due to a lack  
of secretion - the Sulphate of  
Magnesia may be used -  
If due to the want of Bile an  
alterative dose of Blue Pill

Obstruction of the Bowels - Steady  
Symptoms - The features are  
pinched-pain, tympanitic  
abdomen - vomiting - and  
collapse - The commonest  
cause of this disease is  
cancer or collection of feces.  
Intussusception or where a por-  
tion of the bowel slips into an-  
other part is sometimes a  
cause of this disease - This  
most frequently occurs in  
the Ileum. If the belly be  
flat we may infer that the  
stricture is high up. If it  
is tympanitic we may sup-  
pose that it is low down.  
If it happens in the Ileum  
just over the Ileum we  
may suppose that it is  
intussusception. This belief  
would be strengthened if



during the day time - and  
more commonly in the morn-  
ing between the hours of 8 and  
10 o'clock - P.M. The parox-  
ysms occur on the following  
day, and may advance or  
retrocede - but if it does so it  
is by the hour - or a multiple  
of one hour. In the Quotidian  
form it occurs every day - the  
Tertian every other day - the  
Quartan every 4th day - One  
variety may run into another.  
The Tertian type is the most  
common in this latitude - The  
Quartan is the most obstinate  
and the most injurious to the  
system. All mild cases of Tert-  
ian and Quotidian tend to get  
well alone - if removed from  
the contaminating region -



Intermittent fever may affect only one limb - or indeed only one finger - It may affect one side of the body alone - and agrees in this respect to some diseases of the skin - During the hot stage there is sometimes an urticarial eruption - Inflammation may exist in two ways during Intermittents - in one suppurative Pneumonia to wit - This Pneumonia may intermit with the disease or it may be constant - Intermittent Pneumonia is only Pneumonia in so far as the congestive state goes - The spleen becomes enlarged - Dropsy may result from this condition combined with the diseased state of the blood - The liver becomes

There was still a small passage  
of faeces mixed with blood.  
Above the stricture the Intestine  
is enlarged - below it is much  
contracted. Sometimes Inter-  
suspension occurs in the ay-  
mus of death. but on exami-  
nation after death there will  
be found to be no inflamma-  
tion. Treatment. Repletion  
from the arm may be resort-  
ed to, if the diagnosis may  
be made out certainly. I gave  
to a collection of faeces. Electricity  
Enema. dashing cold water  
upon the abdomen. Opium  
Purgs should not be pushed  
for it ~~it~~ would be very apt to  
cause bursting of the bowel.

Colic. Flatulencia hies. Hæp-  
is Colic. Relious Colic. Mucosa



colic - Painter's Colic - Sympt.  
toms - Cramp pain - par-  
tially relieved by pressure -  
rumbling heard in the bow-  
els - eructation - Treatment  
Opium gr  $\frac{ij}{\text{or } \frac{ij}{\text{if thrown up}}}$  - if thrown  
up - use a Laudanum in-  
jection - Spiritus Amm-  
oniac - If it be due to  
derangement of the function  
of the liver combine Calomel  
with Opium - Do not put  
strong purgatives.

Cholera <sup>Morbus</sup> - occurs in hot weather  
There are frequently severe  
spasms in the lower part of the  
abdomen - The discharges at  
the rectum are usually very  
profuse, and the Renat er-  
ections are very scanty or  
may be altogether wanting.



Conjunctiva. Its capsule under-  
goes slow hypertrophy. The re-  
corpuscles and in fact all  
of the solid constituents of the  
blood are impaired. This  
alteration in its composition  
interferes with the function  
of the spleen. It also prevents  
the ready circulation through  
that organ. as a consequence  
we frequently find abdom-  
inal Dropsy. Typhoid -  
In temperate climates - some-  
ple cases, occurring in the tol-  
erably healthy generally get  
well. Intermittents are  
not very easily or permanently  
cured in the Malarial dis-  
tricts. So remove them from the  
original cause. Tertian Inter-  
mittents are not nearly so

obstinate as those occurring in  
the Autumn. Relapses are more  
apt to take place after this di-  
sease is thought to be cured than  
after any disease. Treatment  
If the cases are removed from  
the malarial districts - they oft-  
en get well spontaneously -  
Many remedies that have been  
used act much upon the im-  
agination - and they thereby cure the  
disease. Quinine should be given  
without any delay. The treatment  
may be rational or specific -  
The rational treatment consists in  
employing means which shall  
act directly and powerfully upon  
the nervous system - Cold affec-  
ions act in this way. Bleeding  
may also act in this mode.  
In some cases it may be



This disease, though very alarming is seldom fatal. It is caused usually by great heat which destroys for the time the functions of the liver. It is brought on sometimes by indigestion in diet. Treatment - If caused by improper food administer an emetic and a mild laxative. If not caused by improper diet, employ Calomel, which will bring on profuse action of the Liver. Opium Enjections. If the prostration is severe use Wine-wohey -

Asiatic Cholera. Sometimes this disease proves fatal in 4 or 5 hours, at other times it lasts a week or more. Twinges in the calf of the leg, and strong knotty spasms in the muscles are noted in this affection.



Even after death violent spasms  
sometimes occur, not unfr =  
quently throwing the corpse  
off of the Bed. Barley water  
discharges are found, which  
have a characteristic odor -  
Sometimes a reaction takes  
place, ushered in by a fever,  
which may be regarded as  
a favorable sign. It has been  
noted in passed Epidemics,  
that if a patient has been put  
freely under the use of opium  
and mercury without the  
least effect, that the minute  
the reaction takes place these  
powerful drugs are felt to their  
full extent - narcotism being  
complete, and Necrosis of the  
Mandibular bones sometimes  
following the use of this Mer =  
cury - The blood is very thick

trial but the cold affusion is  
more advisable - and it gains the  
same ends. Opium is useful - it shd.  
be used in full dose (from gr.  $\frac{1}{2}$  to  $\frac{1}{4}$ ) at  
the beginning of the cold stage -  
Emesis is often beneficial - Ipecu-  
gr. XV to XX. In the cold stage  
put the patient to bed - cover with  
with blankets - put bags of hot  
sand to the body - The coldness  
is not as real as imaginative -  
So, until we can arouse the ner-  
vous system, the patient will  
complain of coldness. Alcoholic  
stimuli must be used - but mod-  
erately - In the hot stage remove  
the covering slowly. Cool drinks.  
If there is nausea and vomit-  
ing - ice will prove useful and  
gratifying - Cold to the head - Dry cups  
and hot pediluvia may be employ



ed if there are Brain symptoms.  
In the Sweating Stage - Rub the  
surface with warmed tow-  
els - This removes the sweat  
and gives tone to the skin - The  
patient now wants to sleep -  
this must be allowed - and  
upon waking - some light food  
should be given - Broths -  
In the Intermission we must  
use our antiperiodic - Prof.  
Sill's believes that the patient  
needs no preparation for the  
Quina - such as a purge or  
an emetic. The influence of the  
Quina lasts for many hours,  
and has not gone when all  
visible signs of its effects have dis-  
appeared. The full dose of Quina prop-  
er to the particular case should be  
given - divided - The first dose



and blackish, a large amount  
of Urea is found in it. At "Post  
Mortem" inflammation of the Al-  
imentary canal is not found,  
but the Intestines have a doughy  
feeling. congestions in various  
parts are discovered. Filth, food  
emissions, bad living are predis-  
posing causes. This disease can-  
not be considered contagious - it  
cannot be transmitted by inoc-  
ulation. In making the Progn-  
osis, take into account the Char-  
acter of the Epidemic, as also the  
character and stage of the attack.  
Treatment of Asiatic Cholera -  
(Malignant). Epidemics seem  
to differ as to the kind of treat-  
ment indicated. Some seem to  
baffle all treatment, others suc-  
cumb to almost any. The same  
may be said of the different stages

of the same epidemic. In general it is proper to give Sedatives to the alimentary canal. In order to withhold the excessive flux Opium should be employed.

Opium  
Calomel ad  
℞. S. Take gr. i.

Warmth should be applied in the form of sand bags. A tin vessel shaped so as to fit the abdomen - and then filled with warm water may be employed. The Capillary circulation should be stimulated. Bleeding is inadmissible. As a prophylaxis when an Epidemic is about to occur fatigue should be avoided, and pleasure should be indulged in.



of some gr IV should be given about  
an hour after the cessation of the par-  
oxysm. at intervals of 2 or 3 hours the  
same dose must be repeated  
until the full amount has been  
taken. Upon stopping our para-  
oxysm we must not suspend the use  
of the Lumen - but it must be con-  
tinued until several paroxysms  
have been stopped. Lumen is best  
given in solution. The pills are apt  
to go through the bowels unchan-  
ged. Coffee disguises the taste  
of Lumen - but it also renders  
it more or less insoluble - mak-  
ing the Tannate of Lumen - it  
therefore impairs its efficacy -  
Aromatic Sulph. Acid may be  
added to the Solution - thereby  
rendering it more soluble - The  
best way of covering the taste is



by adding a little tincture of  
gu. It may be given by the  
rectum or Endermically. Put-  
ting it on the dorsum <sup>thorac.</sup> skin how-  
ever is excessively painful.  
Quinidia <sup>Sulph.</sup> Sulph. and Quinidia may  
be used in the same dose as  
Quina. The union of all three  
may be useful. Many other bit-  
ters have been used as antiper-  
iodic. Arsenic is next to Qui-  
na the most powerful reme-  
dy. Observe that this is not  
better proving than the antiper-  
iodic principle does not in-  
variably succeed in the Puerperal.  
Arsenic may be used where  
Quina cannot be gotten. The  
dose should be Fowler's So-  
lution of it increased after  
a time - but never exceeding

Cholera Infantum. Occurs in the early stages of dentition. The discharges are watery, slate colored, and "horribly offensive." Brain symptoms are frequently found rolling of the head, grinding the teeth &c. It occurs only in cities and in the Summer. It is especially found among the poor. Generally it is very fatal. It is Epidemic. The attack comes on instantaneously. vomiting and purging are its first signs. Treatment. As dentition is the cause. Lacerate the gums. If possible send the infant to the country. if this is not practicable have the mother take it to the Public Squares. Alterative doses of Calomel, say gr<sup>ss</sup>. Huxham's Tinct of Marsh is grateful. but. Chicken water ad libitum. Tea a piece.



of Fat Ham in a cloth and  
allow the Child to suck it.

Intestinal Worms. Lumbricoides - This variety inhabit the small intestine - but they sometimes travel up and get into the stomach and even into the oesophagus and are then vomited. They grow very rapidly and the person afflicted will soon harbor many hundreds if they are not speedily removed. They are found in the Intestines of Infants. One of the most common poisons to these worms is Turpentine. grt. & be. for meals in milk, and at the end of the 3rd. day Castor Oil & Worm Seed oil is used. All bitter Tonics are obnoxious to these parasites. A gentle lax



gills &c. It should be continued  
for sometime - and should be  
with dilution. When the Spleen  
has become very large, and in-  
dured - it will always re-  
main enlarged. But there  
is a stage in which the or-  
gan is large and soft - we may  
then reduce its size - sometimes  
very rapidly by the employment  
of Bark - Iron - Iodine may  
be used this is a powerful ab-  
sorber. - The Dropsy cannot  
be cured permanently without  
the size of the Spleen be reduced.  
Purgation is beneficial - Salts  
carefully proportioned to the  
strength of the patient - are very  
useful in drawing off the drop-  
sical fluid - Mercurial plaster  
over the region of the Spleen is

often potent in reducing the  
enlargement of the spleen. Care  
must be taken that this does  
not saluate.

Remittent Fever. Relapsing fever  
Late fever - Jungle fever -  
The symptoms abate or remit  
at intervals. The most frequent  
type is the Quotidian - the par-  
oxysm occurs in the afternoon  
or evening. The double Tertian  
is a frequent variety. The Re-  
mittent fever may pass into  
the Intermittent. Sometimes  
the paroxysms alternate or quite  
run into each other. Gastric  
symptoms are almost always  
the first. Nausea - sometimes  
vomiting - loss of appetite -  
headache - pain in the back -



ative should be given just before administering the remedy which it is expected will expel the worm. The worms are by this means weakened and the remedy employed can act more immediately on the Parasite itself.

Trichocephalus  
Dejeani. Whip worm. Usually found in the Cecum. The origin of this worm is unknown. The treatment of this variety is identically the same as that of the Lumbricoides.

Ascarides Vermicularis. Inhabit the Rectum. are about half an inch long - are generated very rapidly. One of the most marked symptoms is picking at the anus and nose. Treatment. Enema of Lime water. Vinegar and water with frequent



by Rich this parasite - The same  
may be said of Turpentine -  
Not unfrequently however they  
are higher up than an Enu-  
can reach - Then active Cu-  
charlies are called for -  
Tama - (Solia & Lata) About  
25 ft. long usually - Is com-  
posed of a great number of  
links. The head is a black  
spot almost microscopic -  
The genital organs - both <sup>male</sup> and female exist in one <sup>link</sup>  
link, so if the head alone of the  
worm remain the trouble is  
not removed - it will grow  
and generate others - All this  
is applicable to the Tama Solia -  
The T. Lata has only one hook  
and a flat head. The links  
are broader than those of the  
Tama Solia - Turpentine is

muddy hue of the conjunctiva.  
Then the chill comes. This  
lasts from 5 to 6 or it maybe 18 hours.  
Then there is a breaking out of moist-  
ure. In a day or two the disease has  
assumed its regular form. Then  
the fever has more entirely suspended.  
If the case tends to recovery the re-  
missions become more and more  
intermittent. If the patient is told in  
the gastric disturbances are marked.  
The patient sinks into a typhoid  
state. The tongue becomes very dry.  
In very bad cases vomiting is  
almost always constant. excited  
even by a drop of water. Bile is vom-  
ited. This is at first yellow, but that  
which is ejected subsequently is  
greenish and more acid. not such  
a pure bitter. In hot climates dark  
green bile is vomited. The last pres



sure upon the epigastrium causes violent vomiting - Burning pain in the Stomach - Intense craving for cold drinks - The liver and spleen are both enlarged - but this enlargement is uniform - They are tender upon pressure - The bowels in this climate are sluggish - The headache is intense and throbbing - Morbid sensibility - Ringing noise in the ears - Delirium - but this is seldom violent - In the Typhoid state there is low muttering delirium - In the Sthenic cases there is a full pulse - In the remission the pulse falls but it does not reach its natural standard - In the Typhoid form the patient's pulse is permanently rapid - Sometimes there is no way of find



a very good remedy, but the most efficacious remedy is the common Pumpkin seed bruised in water. It may be remarked that Calomel is one of the best Anthelmintics. It acts by making acid Bile which is destructive to the worm.

Peritonitis. A patient suffering from this disease often cannot bear the bed clothes over him nor can he make the slightest movement so great is the pain. The peristaltic action is suspended and therefore constipation exists. The face of the patient indicates great pain. Physical signs are but of little use in the acute form of Peritonitis. Sometimes the peritrium at the caput coli is alone inflamed

than the pain would not be so general, nor would we have the very rapid pulse. The peritonium about the liver may be inflamed and it might be supposed to be Phlegmy, but auscultation would avoid the error. Typhoid Peritonitis is contagious by contact - but Dr. Pepper thinks it is not so through the medium of the atmosphere. Nevertheless an Obstetrician should not attend a woman in labor on the same time that he has a patient suffering from this disease. A rupture of any of the abdominal vessels may cause Peritonitis, one of the most frequent causes is perforation of the intestine. When the vomiting is green &



ing when the urinae is taken place but by noticing the frequency of the pulse. The heat of the skin is great it is red. at length it becomes dusky from the bile contained in the blood. at last the skin is yellowish. this is first seen upon the Conjunctiva. This yellowness begins upon all parts of the body at the same time. The average duration of the disease is 14 days. Relapses are not infrequent. Prognosis. Depends upon the gravity of the attack and the skill of the treatment. Anatomical peculiarities. Generally no lesion of the Brain or its membranes. The heart is generally soft and flabby. as are also the clots contained within it. The mucous membrane of



the stomach is softened. The  
Muciferous glands are en-  
larged and inflamed. —  
This condition is entirely char-  
acteristic. The Spleen is  
always very much enlarged,  
and frequently much soften-  
ed. The Liver is enlarged  
and gorged with blood and  
bile. This gives it a perfectly well  
marked bronzed Liver. We never  
find Remittent fever without  
Gastric disturbance. Treat-  
ment. It has been found by  
the experience of all. That if the  
disease be treated at the be-  
ginning, an Emetic should be  
given. This is useful by stimu-  
lating the stomach, and as a con-  
sequence the Glands including the  
Liver, relieving them of their secretions

gulped up, when there is much  
tympanic distention - high  
pulse, delirium, the case is  
hopeless. Treatment of acute  
Peritonitis. Bleeding is almost  
always called for. if not by the  
cancer - apply leeches - 3 or 4 to  
the abdomen. Leucumel, for its  
antiphlogistic influence. Opium  
may be used to quiet peristal-  
tic action. Effluvescing draughts  
Quina. Sulph. Chloride of Iron.  
Wine whey. Turpentine. Stim-  
ulation may sometimes be call-  
ed for from the first. Chronic  
Peritonitis. Is usually the cause  
of acute Peritonitis. Generally  
tubercles are deposited in the  
peritoneum and also in the  
Lungs. Treatment of sub acute  
Peritonitis.



# Examination of the Lungs.

1st. Dullness of Percussion. Somewhat Respiration. increased vocal resonance } Pulmonary  
& fremitus & bronchophony- } Intubation

2nd. Tubular Percussion. Coarse Respiration } Cavity of  
and Picrology- } small di-

3rd. Amphoric Percussion. Coarse Respiration. Coarse resonance of } Large cavity with  
voice & Gurgling } thick walls

4th. Tympanic Percussion. Amphoric Respiration. Amphoric resonance of } A large  
voice & metallic tinkling- } cavity with  
thin walls  
or Pneumo-  
thorax with  
fistula of  
lung

General signs. In making examinations we would first merely inspect the bare chest - marking the relative size of the two sides. next we would mark the mobility of the walls of the chest - which in a healthy individual is about 3 inches. next by applying the hands to the chest we would

and thus raising circulation in them.  
It is also useful by producing perspi-  
ration. This eliminates the Humors  
from the system. This Emetic if given at the  
outset will sometimes cut the dis-  
ease short. Constriction may be call-  
ed for when the congestion is se-  
vere. But this operation is not  
often admissible for we must har-  
bor the patient's strength. Local  
bleeding is sometimes of induce often  
beneficial. But as a general  
rule the best way of depleting is by  
Purgatives. There are scarcely less  
valuable than Emetics at the out-  
set. Calomel is the best. This  
morose the Liver. In warm cli-  
mates purgatives debilitate. One pur-  
gative at the outset is generally suf-  
ficient. Some give Blue Pills every day  
or two. This is scarcely admissible



Diaphoretics may be employed. The best antientic is ice which should be swallowed whole in little pieces. Opium - or better Morphine may be employed. If Morphine cannot be retained it may be given hypodermically. If Morphinals are beneficial in inflammation - it is scars inflammation only - not in inflammations of mucous membranes and parenchymatous organs. Lumaca should be given in a decided emission - no matter what the type - no matter what the gravity of the disease gives Lumaca in a emission however short it may be. It is difficult to get the Lumaca to be retained sometimes. In order to do this a mustard plaster may be

ascertain whether or not there was  
any "frémissement" which would be  
conducted to the hand by the par-  
tially or wholly solidified lungs.  
But the most effectual way of  
making out physical diagnosis  
is by auscultation and percus-  
sion. When the patient is to be ex-  
amined by percussion, the mus-  
cles of the chest should be put  
upon the stretch. This may be  
done by attention to the position  
of the patient. Percussion should  
be made upon little parts on  
both sides of the chest. Thus if  
we percuss on a rib on the left  
side and on an Intercostal space  
on the right, the sounds elicited  
must necessarily differ. Va-  
rieties of Sound. 1st. "Wooden  
Sound" caused by fibrinous ex-  
udation, or a cancer, this is



very dull. 2nd. "Tubular Sound" is such a sound as would be heard when Percussion is made over the Trachea. It would indicate a cavity near the surface. 3rd. "Amphoric Sound". Is such a one as would be made by striking a pitcher. 4th. "Cracked Pot Sound". This sound is usually heard under the clavicle. 5th. "Tympanic Sound". Usually indicates air in the cavity of the Pleura. It may also be elicited by a very large cavity in the lung. Auscultation - Immediate & intermediate - If the Stethoscope be used, press it firmly on the chest, and put the ear in it but very lightly. close the eyes, open the mouth and stop up the other ear. The respiratory murmur is

be placed over the apex of the Thorax.  
Each half an hour before the dose is  
to be given. Dose from grs V to  $\text{℥V}$ .  
Twice four or two. In the mild  
cases give it only during a rem-  
ission. In the severe cases give  
it even when there is high fever.

*State of heart & Liver & Spleen*  
Malignant. Paroxysms of Con-  
junctive Fever. Intermittents are  
known apt to take this form than  
Remittents. This is most com-  
mon in hot climates. In the  
simple forms of Miasmatic fe-  
ver. The stomach seems to be  
particularly affected. There  
are several forms of Conjunctive  
fever - in some all of the organs  
are affected. in others particular  
one seem to be disordered. The  
Intestine is the most common -



the Quotidian the next so. Some-  
times there is unusual nervous  
disarrangement. The first parox-  
ysm is not generally very severe.  
The next one is more so. In the  
second there may not be a dis-  
tinct chill - but a prolonged cold-  
ness. This is a dangerous symp-  
tom. There is apt to be with  
this decrease - loss of appetite,  
nausea - depression. The  
third paroxysm usually shows  
the malignancy of the attack.  
The patient will be very apt to  
die, if not treated promptly  
and properly. In the eris-  
ipeli congested type the disease  
is expended upon the whole  
system equally. In this form  
the patient is seized suddenly  
with icy coldness. This period

stronger in children than in adults or the aged. This murmur is also more easily detected in females than in males. In auscultating the voice it must be remembered that it is scarcely perceptible in the healthy individual, whereas an indurated lung will conduct the sound quite audibly to the ear. The Inspiratory murmur is of a breezy character - caused by the whole respiration being thrown upon one lung or portion of lung - owing to the other lung or portion of the same lung being diseased. This is called "Supplemental Respiration." "Feeble Respiration" caused by disease in the lung, thus if one of the Bronchial lungs be clogged up with mucus there will be feeble or no respiration heard over that part. "Sinking Respiration"



Characteristic sign of incipient  
Tubercular deposit - usually caus-  
ed by Medullary Tubercle - In  
health the Inspiration should  
be about 3 times as long as that  
of the Expiration sound - but in di-  
ease the reverse of that is some-  
times found - "Bronchial Res-  
piration" caused by obstruct-  
ion in the smaller bronchial  
tube and the rushing of the air  
in the larger tubes is conducted  
to the ear by the solid parts of the  
lung - This is found in Pneumo-  
nia - "Tubular Respiration" -  
is one of the symptoms of Pneu-  
monia - "Cavernous Respir-  
ation" is found when there is  
a cavity in the lung and the  
air rushing into this is heard -  
"Amphoric Respiration" is  
heard when there is a very large

of coldness does not usher in the  
paroxysm. It begins with the  
showing of common Intermittent.  
The patient is not conscious of be-  
ing cold - "but to the touch he is as  
cold as ice." Dr. Stillé explains  
this as coldness following the em-  
sation of coldness to a failure  
of Nature in the endeavour of re-  
acting. These are the common  
symptoms of severe internal  
congestion. - Liquids that are  
taken are frequently rejected -  
at times however cold drinks  
are eagerly taken and retained.  
The mind is usually clear -  
The patient does not perceive  
his danger. When there is not  
a fatal termination, reaction is  
very slow. At any time a  
new paroxysm may come on



and destroy the patient. Hence  
we may see the need of proper  
treatment at the proper time.

There is what is known as the  
Central type. The Brain may  
be over excited or depressed, giv-  
ing rise to the Delirious and Coma-  
tose varieties. In the Coma  
we have all the symptoms of  
extreme depression - these may  
come on rapidly or slowly.

After a variable time sweat-  
ing follows. The complexion  
of this variety is venous. In  
the Delirious form we have all  
the symptoms of Central irrita-  
tion. Headache - Pulse hard  
and frequent - Sensibility  
acute - Mind excited - Patient  
will talk, sing and laugh - and  
sometimes runs out of bed and

cavity - Râles. Moist & Dry -  
"Sibilant Râles" are due to mucus  
in the bronchial tubes. "Sonorous  
Râles" are like the sound of snoring.  
They are due to the same state of  
the tubes as Sibilant are - "Crep-  
itant Râles" Heard only in Pneum-  
onia: these râles are caused by the  
air rushing through the smaller  
bronchial tubes filled with a  
viscid fluid. This Râle is heard  
only in Inspiration. and is heard  
when the lung is in a state of Hep-  
atization. "Râle Radix." is heard  
when the hepatic state of the  
lung is being reduced. "Sust-  
Crepitant Râle." is another va-  
riety. "Crackling Râles" are char-  
acteristic of Tubercle. "Mucus  
Râle" is found in Bronchitis.  
"Gurgling Râle", sometimes called  
gurgling, is caused by the bursting



of the air through the fluid  
effused into the cavity of the  
lung - "Metallic Trilling"  
is a r le heard when a large  
cavity is in the lung - and is caus-  
ed by the air bursting through  
Pur. "Friction Sounds" "Razon  
Sound" heard at the end of a  
forced expiration, caused by  
the dryness of the membrane -  
and is a symptom of incip-  
ient ~~Atax~~ Plurisy - "Gurgling  
sound" is a more aggravated  
of the last. "Crackling Sound"  
supposed to be made by a  
drawing out and breaking  
of sheets of mucus - heard in  
Plur Pneumonia. "Vocal  
resonance" is increased by  
inflammation of the lung from  
whatever cause - "Vocal  
resonance" is made weak.

it may be out of the room. Follow-  
ed by coma and death. If  
this should not take place, there  
is a very slow return to health.  
Gastro Intestinal Crises. Se-  
vere burning gnawing pain  
at the pit of the stomach. This  
pain is very intense. The ex-  
treme agony is winced by the  
patient's suffering expression.  
Vomiting and retching. Skin  
hot and dry. Sometimes the  
bowels are chiefly affected.  
Scurvy stools. Sometimes pure  
blood is discharged. Cold  
clammy sweat. Stable Thirst.  
Even the breath and the tongue  
are cold during a severe per-  
oxysm. If these symptoms  
go on collapse follows, and  
ultimate death. Anatomical



Changé - No lesion whatever  
to be found. There is usually  
anæsthesia - All the way in  
which death can be accounted  
for, is to suppose that there is  
a subtle poison acting in the  
system. This supposition can  
not be proved, but may be  
inferred from analogy.  
Why should there not be just  
as much of a poison in this  
disease as there is in Gout.  
Some go so far as to say that  
Urea is the poison - but this  
is not probable. Diagno-  
sis - We cannot anticipate  
the malignant type, but  
we must be on the look out  
for it. Quinine is as much  
a prophylactic in these diseases  
as it is a curative agent when

or by any thing which softens  
the lung - such as Emphysema  
~~Emphysema~~ meaning the voice  
of a goat - is heard in Hæmoptoe  
supposed to be made by the flat-  
tuning of the Bronchial tubes  
with slight hardening of the  
parenchyma of the lung with  
slight effusion -

Special diseases of the Respiratory or-  
gans. - Inflammation of the Larynx  
Occurs usually in children - There is  
a sort of spasm in the Larynx - Called  
Stenosis Laryngitis - The child will  
go to bed apparently well - but about  
midnight it will wake up with a  
sort of spasm in the Larynx - if this  
lasts the face will become bluish -  
It is due to exposure usually - This  
disease of the Larynx is alarming  
but not dangerous - This is not to



be treated heroically. Depletion  
not called for. Ipecac, or Alum  
in Molaris until free crisis is  
brought on. The following day  
a dose of Castor Oil may be given  
on.

Spasmodic Croup. Symptoms.  
Bluish lips. crowing inspiration.  
It is not due to the enlargement  
of the Thyroid gland pressing upon  
the Larynx. It is due to a peculiar  
irritability of the motor nerves,  
especially those distributed to  
the Respiratory organs. Treat-  
ment - Remove the Spasm - Put  
ammonia to the nose - slap  
the back - dash cold water in  
the face. The main treatment  
is in the intermission. If due  
to worms, clear them out - if  
due to dentition. Caner the  
gums - if due to disease of the

They have been well established.  
The history of the case will enable  
us to make a differential di-  
agnosis between this disease and  
Alcoholia Mentis. Prognosis.  
Always a grave one. The de-  
lirious variety is less dangerous  
than the other. Strabismus is  
a dangerous symptom. It is  
an evidence of effusion of either  
blood or serum. Dilated pupil  
and heave are dangerous  
symptoms. Treatment. Qui-  
na. Emersion is beneficial  
in some cases. It promotes  
action, and relieves congest-  
ion. This must be practiced  
in the midst of the congestive  
stage. Care must be taken as  
to the quantity of blood abstracted.  
Blood should only be



decision from robust patients -

The cold douche is useful in the ~~Algebra~~ forms - for this has been found to bring about react-  
ion - It must be used only for a robust person - Cold water that is to be applied to the whole body must be of about the temperature of  $60^{\circ}$  After this wrap the patient in hot blankets - Quinine must be given

in full doses - larger than in common Intermittents - The system must be quinquaged at the time of the paroxysm -

The dose varies from gr.  $\text{XXV}$  to  $\text{LXX}$  grs. being looked upon as the minimum - In the Choleraic variety Opium should be used in some form - Alcohol Stimuli - do not

Brain employ counter irritation.

Croup, is acute sthenic inflammation of the Larynx - Common in Children - Begins with pain, sometimes with a chill - At length there will be a fearful spasm - Bluishness of the face, lips and nails - Now is heard a hoarse cough - Sometimes a total loss of voice -

There can no membrane nor exudation be seen - This disease usually lasts 6 days. The asthenic form - has an ash colored membrane in the throat - fever not so high - this is tracheitis - The sthenic form is caused by cold -

Treatment - If called early a child 5 years old bleeding is called for - Leeches to the throat if the child is younger - Mustard plaster to the throat is useful - Spine or



Alum should be used until  
vomiting is brought on. Small  
doses of Calomel and Opium.

Laryngitis. In adults. There is  
not generally spasm in this  
disease in the adult. Sometimes  
this disease is serous in the  
adult.  ushered in by a chill,  
muffled voice, cough and  
fever. There is no exudation  
although there may be as much  
inflammation as in the child.  
Sometimes this becomes com-  
plicated with oedema of  
the Glottis. Then inspiration  
is very difficult - expiration  
is perfectly easy. Sometimes  
an antrum presses upon  
the Larynx and causes in-  
flammation and maybe  
confounded with Laryngitis.

aid traction. They may be  
used cautiously after react-  
ion has begun. The same  
rules of treatment hold good  
in malignant Remittent fe-  
ver.

Inflammation. Characterized by  
Pain - Heat - Redness & Swelling.  
A pain in the skin may be itch-  
ing, pricking or burning it is the  
same in the mucous membranes.  
In serous membranes it is rend-  
ing or tearing. In fibrous tissue  
it is throbbing. Pain undergoes  
exacerbation at night. Pres-  
sure increases pain. All func-  
tional action augments pain.  
A dull pain in the head is  
often a symptom of inflam-  
mation of the white substance



of the Brain - when the inflammation is in the meninges - the pain is acute - it is also acute when it affects the Peritoneum - When pain exists in the abdomen a depressed condition is noticed - when the pain is in the chest we notice an excited state with a bright eye. Heat is the direct effect of Inflammation.

The morbid condition has much to do with the heat.

Redness. - Apt to be irregular in yellow tissues - A purplish redness is due to venous congestion - In the more active true inflammations

The red or livid hue - is due to arterial blood - Effused blood makes a red =

The danger in the simple form ~~the~~  
is but slight. Sometimes painful  
matter is found, which is ropey,  
if this is thrown off the patient  
is temporally relieved - but the  
abscess may not yet be fully dis-  
charged, and the symptoms of  
asphyxia will return. Treat-  
ment. In the simple form  
very little treatment is called  
for. In the more serious forms  
it is sometimes well to draw blood  
or at any rate to apply leeches.  
A blister may be applied over  
the Larynx and be dressed with  
small portions of Morphine - an  
anesthetic may sometimes be bene-  
ficial and may serve to burst  
the abscess.

Tubercular Laryngitis. Is very  
painful, increased by pressure,  
the voice is muffled, & some-



lymphs entirely lost.

Syphilitic Laryngitis. - The pus in this form is very offensive, owing to necrosis of the Thyroid Cartilage. This affection is not in medical relief - by the careful use of Mercury. The inhalation of Iodine or the Balsam of Crotalaria. Tubercular Laryngitis can be treated only with the hopes of palliation. Iron and its preparations may be used.

Bronchitis. - In its light form called Catarrh. Treatment. - A good drink of Whisky on going to bed. - Brown's Powder gr. x on going to bed and a warm foot bath is probably the best treatment. If the nose becomes stopped up, a

ness which has an abrupt  
termination. In inflammation  
of the Cornea - vessels are observ-  
ed and in the membrane cover-  
ing it. Redness. This is the first  
sign to appear, and the last  
to go off. Swelling. Due to  
the augmentation in quan-  
tity of the blood in the part.  
and to the fact that exudate-  
ion has taken place out of the  
vessels. This effusion is not moun-  
dy of Serum. There are certain  
organizable materials. In  
Pneumothorax organs. This  
effusion is retained. When  
effusion takes place upon  
mucous membranes. it is  
discharged outside of the body.  
In commencing inflammation  
of mucous membranes we



noticed by us. Subsequently  
there is an augmented se-  
cretion. In the mildest forms  
this increased secretion lasts  
but a very short time. Not  
only is the proper secretion poured  
out, but serum and albumen  
with salts and organic  
materials are mixed - having  
come from the blood. This  
may become organized and  
form false membranes. In  
some effusions (most general-  
ly passive) the liquid is little  
more than water. In the  
active variety the effusion  
is likely to become organ-  
ized. When the effusion is  
chiefly watery it is apt to ter-  
minate in pus. When or-  
ganizable it is likely to be-

Pinch of powdered Cubeb may  
be used several times a day -  
Sometimes the attack is very  
severe - ushered in by a chill -  
severe headache - Pain in the  
chest, cough - glairy mucus  
expectoration - In children the  
brain symptoms often complicate  
this disease - They do not  
expectorate - and they are apt  
to sleep a good deal through  
their Bronchial attack. Cat-  
arrhal Influenza - is epidemic  
in - and adinamia - we must  
give diuretics, diaphoretics and  
mild laxatives, but we must  
be careful not to weaken our  
patient. In the Scrophulous form  
of Bronchitis a plug will some-  
times stop up one of the tubes, and  
auscultation of the lungs and  
percussion will make it seen



that Phthisis is present. but in  
 a few days the hardened mat-  
 ter which acted as a plug will  
 be discharged and the child  
 will be greatly relieved. Bron-  
 chitis when it occurs in the aged  
 and in the very young is a  
 dangerous disease. Treatment  
 infrequently in the vigorous  
 subject we may bleed at the  
 arm. Topical bleeding is al-  
 ways useful. Must purge  
 of a saline character. Mild  
 antiphlogistic treatment.  
 Emetics. In young subjects  
 we must use emetics, as they  
 do not expectorate, and they  
 would suffocate.

℞ Calomel	grj
Potus. Nit	gr. viii
Sulph. Doveri.	gr. iv
M. et div. in potulenti viij	

come formed into fular sum -  
brane. When they form in closed  
cavities they are apt to be upon  
opposite faces. Blood may be  
effused. This is not an exudate  
ion - but is a haemorrhage.  
The coloring matter of the blood  
may be effused without the  
rupture of the blood vessels.  
Inflammations of mucous mem-  
branes do not show a much  
increased quantity of fibrin.  
In Pneumonia we have a  
great increase of fibrin. In  
Pleurisy we also have a great  
increase of it. In Peritonitis -  
where we have a very large  
serous membrane inflamed  
we have but a very little in-  
crease in the quantity of fibrin.  
The development of fibrin of



lowers the development of the local  
symptoms. Fibrine is an  
excrementitious substance -  
which is to be removed from  
the system by the Kidneys. Let  
the or no fibrin is found in  
lethymie or lehigh - these sub-  
stances are the very producers  
of the blood - and as the blood  
increases in age it increases  
in fibrine this seems to show  
that it is an effete material.  
It is found to be in less pro-  
portion in the healthy than  
in the unhealthy individual.  
In punctum atous organs  
inflammation spreads in all  
directions - first from the part  
first attacked. Mechanism  
of Inflammation - The  
first effect of an irritant is

S. every 3 or 4 hours. Dr. Peppier  
says he is very partial to this pre-  
scription for Children -  
Chronic Bronchitis. We usually  
have dullness on percussion - but  
if Emphysema be present we will  
have increased resonance. The  
skin discolours sometimes when ap-  
parently cured bring on Bronchitis  
of a chronic character. Particles of  
dust getting into the bronchial  
tubes often cause the disease.  
We have not Haemoptysis in this di-  
sease as we have in Pleurisy. The  
sputum is often horribly offensive, &  
we might suppose we have a case  
of Gangrenous ulceration of the lung  
but this would not be of so long a  
duration as Ch. Bronchitis, and  
B. would be on both sides of the  
chest. Treatment. We may use  
expectorants - A 2



must not use opium to  
any extent for this will stop  
the cough - and this must not  
be done - Balsam of Cebastin  
is often very useful in this  
disease - If the disease has  
been preceded by a skin dis-  
ease - or induced if it has not  
we may use

R Fowler's Solution qttv

S. take 3 times a day -

If this disease in a young pa-  
tient we would use all means  
to invite the disease to the big  
toe.

Whooping Cough - The first stage  
usually lasts about 2 weeks - the  
second stage 4 weeks. This dis-  
ease occurring in one of a tuber-  
cular diathesis is dangerous, for  
it is apt to bring on the disease.  
The severe cough may cause

to make the vessels contract -  
and the blood flow through them  
more rapidly. Next follows re-  
laxation - and the vessels become  
dilated - and more and  
more enlarged than they were  
even in the normal condition.  
The corpuscles become packed  
in the vessels and the propelling  
influence of the heart still  
remaining the blood oscillates -  
and at length becomes stay-  
nant. The exudation con-  
sists of all but the red corpuscles -  
it escapes into the intercellular  
substance. The contraction of  
the blood vessels under an ir-  
ritant is due to nervous in-  
fluence or force. Redness or  
Heat alone or combined, are  
not inflammation - neither



is Pain inflammation - nor is  
the effusion of serum itself In  
flammation. The only neces-  
sary symptom of inflammation  
is essentially active exudation  
and cell changes. Fibrin  
and the corpuscular elements  
are the two substances in  
this exudation. Fibrin is in-  
capable of a higher degree of  
development - but is truly an  
effuse material. Indurated  
parts are more liable to disease  
than others - because their organi-  
zation is lower. We see that an  
indurated lung is apt to be affect-  
ed with abscess. The process  
of induration is a very slow one.  
Another termination of Inflam-  
mation is Fatty degeneration.  
Pus corpuscles may degenerate

emphysema of the lungs. This is a contagious disease. Dr. Pepper tells us that there is a very acid liquid in the Bronchial tubes. and he believes this causes the cough.

Treatment - If very mild, care must be taken not to spare the child, and this is about all.

In more aggravated cases we may use an expectorant. Belladonna gr  $\frac{1}{2}$  or  $\frac{1}{30}$  may be used and it often proves beneficial.

The Wine of Ipecac may be used.

If convulsions complicate the case we must put cold to the head, warm to the feet, and it may be a blister to the back of the neck.

Sequelae of Bronchial affections

Dilatation of the Bronchial tubes

Cough - Emaciation - Oedema of the lower extremities - Purulent expectoration - Hectic fever - This is



sums Pleurisy very much - but  
may be distinguished generally -  
The emaciation is greater in  
Consumption, the hectic is  
more marked - the expectora-  
tion is not so copious nor as  
as putrid - Treatment -

Balium of copraiva Catgut -  
Preparations of Iron - Tinct of  
Bark - Cod Liver Oil -

Emphysema of the Lungs - Dilatation  
of the air cells - us-  
ually Chronic - The vocal  
frenitus and resonance are  
diminished - Dilatation of  
the right side of the Heart is  
apt to attend Emphysema  
Treatment - In the Chronic  
form we should employ  
Tonics When acute - Morphine.

break up, dissolve and form  
into fat. Clots may form in  
the heart or larger vessels. These  
clots may undergo fatty degener-  
eration. This degeneration may  
begin in the middle of the clot  
and break it up. When the parts  
will be hurried on in the cir-  
culation - and may stop up cir-  
culation vessels causing death. Sup-  
puration is another termination  
of Inflammation. Pus is not  
homogeneous, but the homogen-  
ous liquid contains pus corpus-  
cles which are granular. These  
cells are nucleated. The nu-  
clei develop and burst the  
cell wall - each one forming a  
new pus cell. Pus may form  
whenever connective tissue  
exists. Its formation during in-



flammation is ushered in by  
a rigor or chill - The pus in  
these circumstances is not a  
pathological action - but it  
acts as a protective agent - This  
pus which is normally bland  
may become acid and a cor-  
rosive irritant. Unhealthy pus  
is more liquid than Soudath -  
Healthy pus entering the blood is  
not injurious - but ichorous pus  
which has mixed with it de-  
composing matter is injurious.  
Pus proceeds in the direction  
of least resistance - This explains  
its burrowing - Pus collects in  
an abscess and at length is  
discharged - when the opposite  
walls of the cavity cohere - or  
else the corpuscles break up  
and the liquid becomes thinned

Acute Simple Pneumonia, in the Adult,  
Frequently ushered in by a chill  
followed by fever. The pain in  
this disease is not usually severe.  
The expectoration is at first glar-  
ing mucus. soon it becomes rus-  
ty and extremely tenacious. some-  
times it is yellowish or green-  
ish. The respiration is usually  
accelerated. The pulse is full &  
not very frequent. There is a  
purplish color of the cheeks  
which is characteristic. At  
the early stage we have weak  
respiration on auscultation  
now there may be a mucous  
râle. Later we will have length-  
ened expiratory sound - dull-  
ness on percussion. Now we  
have the crepitant râle. If  
after this we have the râle re-  
dus we may look for conve-



lesence - If there be abscess  
in the lung we will have ear:  
rnous respiration and gar:  
gling. In the young and  
aged this disease is very fu:  
tal. Pneumonia is more  
common in the right than  
in the left lung. This di:  
sease generally lasts some two  
weeks. Oedema of the lungs  
may be mistaken for Pneu:  
monia - But it should be  
remembered that in Oedema  
the disease affects both  
sides, and there is no fe:  
ver. In Phurisy we have  
no expectoration, a cordy  
quick pulse - great pain.  
These signs would mark  
the difference between these two  
diseases. In the eruptive  
diseases the patient is like:

and is absorbed. Ulceration is another ending of Inflammation. Differs from Suppuration chiefly in affecting a different and deeper strata. The loss made by ulceration must be made up by granulation. Other tissue coming in contact with an ulcerated part may adhere to it. Gangrene is another termination. Gangrene is different from Sphacelus. Sphacelus is perfect death. Gangrene is most commonly caused by pressure allowing the fibrin to coagulate in the vessels & as a consequence an insufficient supply of nutriment to the part. Hypertrophy depends upon a deposit within the cellular structure. This by pressure actually causes atrophy of the function of the organ - while there is hypertrophy.



phy so far as size goes. Atrophy  
is another result of Inflammation.  
in This Atrophy may be due to  
pressure. it may be caused by  
a new organized structure develop-  
ing from the nutriment which  
would otherwise go to the approximate  
organ. Theories of Inflammation. Ex-  
udation has been stated as the  
essential cause of inflammation.  
in. One may be called the  
Cellular Theory - it is presup-  
posed that every where there  
exists a blastema - in which  
granules float - which are  
organizable. Ulceration de-  
pends upon the thickness of the  
epithelium superimposed upon  
the pus. In this theory it is be-  
lieved that all tissue forming  
is due to a primordial cell

ly to have Pneumonia - Treatment  
of the Sthenic form - Antiphlogis-  
tic treatment - in combination  
with the judicious use of the Lax-  
ative. Saline Cathartics - Tartar-  
ized Antimony in doses from  
gr  $\frac{1}{10}$  to  $\frac{1}{30}$  every 2 hours - freely  
diluted. Ipecac is frequently  
our chief remedy - At the lat-  
ter stages we may blister -  
In the Typhoid form we should  
stimulate from the very begin-  
ning - If there is any sign of  
a cavity, or gangrene we should  
stimulate - Sulphate of Quinine -  
Carbonate of Ammonia -  
Pneumonia in the aged - Sym-  
ptoms. Chill followed by feverish  
reaction - Mucous rale. Bronchus  
respiration, vocal resonance -  
Very fatal when it occurs after  
70 years of age. No antiphlo



gister treatment. Treatment  
Counter irritation - Cupp.  
Uterine whys -

Pneumonia in Children - Gen-  
uallly accompanied with  
delirium - very fatal - Lob-  
ular Pneumonia - likely to  
follow after Rubella -

Treatment - General bleed-  
ing is not called for - Cup-  
ping over the lungs - Must  
poultices with a little mus-  
tard, but no blisters - Nit-  
of Potas - Dover's Powders - A  
mild antiphlogistic treat-  
ment should be adopted,  
with occasional emetics.  
Sequela - Gangrene of the  
lungs - This does not happen  
very frequently - Accom-  
panied with fever The  
Spula is perfectly charac.

Another theory is that there is no difference between mucus and pus cells and that the two products differ only in the consistence of the liquid in which they are contained. This theory supposes that the pus cell is developed within the mucus cell - Prof. Still believes that the only difference between mucus and pus cells is that the pus cell is but a young mucus cell thrown off in this condition. Pus cells are not a new formation -

The diseases which we are now to consider are local - but the general organism is more or less connected with them -

Diseases of the Larynx.  
1. Epiglottitis. 2. Thyroid catarrh.  
3. Arytenoid catarrh. 4. Cricoid -





Plumisy - Symptoms - Pain -  
Rigor - Coldness of the extrem-  
ities - Febrile reaction - Quick  
pulse - The pain is about the  
position of the nipple -  
And is increased by speak-  
ing, coughing and increas-  
ed respiration - Physical signs -  
Less motion on the side af-  
fected - full respiration -  
After 24 hours dullness  
on percussion - When there  
is considerable effusion  
the chest will become en-  
larged - Heart and liver  
are often displaced -  
Plumisy is generally caused  
by sudden changes of weather  
&c. If there be a Tubercular  
tendency this is a dang-  
erous disease - otherwise  
not. Plumisy is some =

and a reduction of the calibre of  
the Larynx. Inflammation of  
the Larynx is rarely confined to  
that part - but usually extends -  
Causes - exposure to cold when the  
skin is warm, and especially when  
it is perspirable - Irritating gas  
es or hot vapor inhaled - Symptoms -  
Patient complains of tick-  
ling and uneasiness of the  
Larynx - due to dryness and  
heat - This sensation is more acute  
when cold air is inspired - In  
speaking or swallowing there is pain -  
The voice becomes husky and  
hoarse - at length the voice may  
be lost - due to inflammation of  
the vocal membranes - Sputa  
scanty - white and dense - in a  
later stage it becomes more puru-  
lent and yellowish. At the same



spoke from there are no general symptoms - none but a forced tongue - In the severer forms the voice is barking - more hoarse - difficulty of breathing since as if there was a foreign body in the throat - Pain in the breast - due to the fatigue of the Pectoral muscles - This is more marked in children than in adults - Various congestions of the face - lips blue - Dyspnoea which is paroxysmal - Mind sluggish and there may be coma - if there is a tendency to convulsions, these may take place - When recovery follows the attenuation of the voice is the last symptom to disappear - In the severer cases death is as frequent as recovery - Diagnosis

Unus very local - affecting the  
diaphragm - then we will  
have hicough - extreme pain  
and sometimes delirium -  
Treatment - Mildly Antipne-  
gistic - Saline cathartics -  
Opium - When it has in-  
creased in effusion, employ Re-  
vulsives and Vesicantia -  
Effervescing draught. Spiritus  
Mundus - Tapping  
may be resorted to as a last  
expedient.

Chronic Pleurisy - a more con-  
tinuation of the symptoms found  
in acute Pleurisy, connected  
sometimes with a little hectic  
flush - Night sweats. The un-  
diseased lung takes on sup-  
plemental action - Pus is  
effused, and at length de-



Through the Bronchial tubes,  
and the patient will throw  
it off. At other times the  
Pus will burrough through  
the intercostal spaces —

Treatment The chest may be  
tapped when there is ample  
reason to believe that Pus is  
present. all of it should  
not be with drawn at once.  
Pleurisy with Tubercle is a  
more common disease.

Treatment is the same as  
that for Plethors. Cod Liver Oil  
Preparations of Iron.

Pneumothorax A common  
disease. Tubercular ulcer-  
ation is the common cause  
of this disease. This most  
generally occurs in the  
Apical regions — and on

A Laryngoscope should be used if possible. Treatment It is well to give an emetic of Ipecac to children. Ordinary remedies. Foot bath. Musculaginous drinks. Inhalation of the vapor of water. Opium to relieve the cough. In the more severe forms the treatment must be more vigorous. In a robust patient with painful breathing and a glazed eye especially in adults we must bleed. Emetics. Empty the stomach thoroughly by a full dose of Ipecac. Keep up the sedative impression. Saturet emetic may be used. Keep the patient on the verge of nausea. A Blister in the neighborhood of the Larynx. Allowed only to produce a serum evacuation. Keep



it on for about an hour -  
Mercurial may be used in-  
decisively - It is advisable however  
it because it is apparently the  
best remedy for the active forma-  
tion of false membranes - It  
should be given by rubbing the  
Mercurial ointment upon  
the Throat and over the neck  
and upon a blistered surface -  
Nitrate of Silver in a strong so-  
lution has been applied to the  
inside of the Larynx - This in  
certain cases is useful - If  
used it should be employed  
when the symptoms are  
becoming dangerous - A  
solution of the strength of grss  
to ℥ss to the ℥i is sufficient -  
Inflammation of the Epiglottis -  
This interferes with respiration

is very tympanitic - The dis-  
tension is often very great -

The voice has a metallic tinkling.  
Respiration is amphoric - Treat-  
ment - Full dose of Opium - Tapping  
the chest in this disease is not  
advisable - There is a variety  
called by some True Pneumo-  
thorax because the air is gen-  
erated in the cavity of the  
Pleura - caused by the decom-  
position of the pus, generating  
Sulphuretted Hydrogen -

Phtisis Consumptions - Divided  
into 3 stages - Tubercular gen-  
eration - Tubercular softening -  
Tubercular excavation - Sym-  
ptoms of the first stage - Pallid  
face - slight cough - shade of  
 hectic irritation - Haemg mu-  
cus expectoration - <sup>pus</sup> sputa =



mopetis - Slight loss of strength. In the female there is an arrest of the Catamenia. The ends of the fingers are frequently enlarged. At evening there is often exhilaration, and in the morning, depression. The motion of the walls of the chest will be diminished. The expectoration plentiful. Expiration slightly prolonged. The percussion will be rather dull. Second Stage. Expectoration greenish and yellow. hectic fever now more marked. Night sweats. Vocal resonance. Increased vocal fruntus. Crackling. Falling in of a part of the chest. Percussion dull. Third

and with the act of deglutition.  
This affection is peculiar and being  
often very rapidly developed.  
The symptoms are much the same  
as those of Laryngitis - Treatment -  
Same as that for Laryngitis.  
Spasmodic Laryngitis - Spas-  
modic Croup - Thrill barking  
crowing cough - connected with  
catarrhal symptoms. In the  
simple form never fatal - There  
are two elements the inflammatory  
and the Spasmodic - Spasmodic  
Croup - Most common from the  
2nd to the 7th year - sometimes  
lasting until puberty - but  
does not occur after that. The  
exciting causes are exposure to  
cold and dampness. Poor  
nourishment does not predispose to  
this disease but is a provocative



begin on suddenly in the small  
hours of the night - wake up with  
a hoarse cry. Between the  
spasms there is violent pain -  
the period of remission is of  
uncertain duration. It is very  
frequent that there shall be a  
recurrence of the attack for sev-  
eral nights - but in the inter-  
vals the voice is husky but other-  
wise the patient seems perfectly  
well. In the milder cases the  
spasmodic element predom-  
inates - In the severer cases the  
Inflammatory element is more  
strongly marked. In all fevers there  
are exacerbations. Prognosis. In  
the cases of young children this  
is very favorable. Nobody  
ever died of Spasms alone - be-  
cause as soon as death appeared

stage. - Hectic fever more  
marked. - Rapid pulse.  
Anphoric respiration. - Some-  
times remissions take place.  
expectoration ceases, and  
it seems that the patient  
is well - but sooner or later  
fresh tubercular ulceration  
takes place - and all pre-  
vious symptoms reappear -  
Sometimes the disease may  
be latent. - Acute Tubercu-  
losis is apt to occur in the  
female at the age of Puberty.  
Black Phthisis - a disease spoken  
of as common among the coal  
workers in Europe. - Dr. Pepper  
says he has never met with  
a case of it. - The diagnosis  
of Phthisis is generally easily  
made. - Dyspepsia is some-  
times mistaken for incipient



Phtisis. Consumption is  
often cured in the early stage.  
It is "very rarely" cured in  
the ulcerative stage. The  
disease often remits, and  
is cured sometimes for  
months. The case is more  
favorable if caused by dis-  
regard to the laws of health,  
but is very unfavorable if  
there be an hereditary ten-  
dency. It is also more  
dangerous if there is a ten-  
dency to hæmoptoeis. In-  
flammation - Pneumonia -  
Bronchitis will be likely  
to bring on Consumption if  
there is a Tubercular diath-  
esis. There is often a fatty  
degeneration of the liver in  
combination with Phtisis,  
this is especially frequent

as the spasm is relaxed and air  
reenters the lungs and the patient  
revives. but in all cases where  
death occurs it is from pu-  
mune closer caused by inflam-  
mation. Treatment - Warm  
Bath - Hot pediluvia - Ipecac  
in sufficient dose to cause nausea  
It also depresses when depress-  
ion is useful. In the case  
of a robust child having a se-  
vere attack Tartar Emetic may  
be given in very small dose often  
repeated. given in large enough  
quantities to keep up a continued  
state of nausea. Asafocdita  
has been used by some cases  
apparently with success. This  
is useful in the case of weak  
children. In case of children  
who are robust ones who have



a decided predominance to the  
inflammatory element. Calo-  
mie may also be used when  
the inflammatory element is  
strongly marked. When we  
cure may be after night the lae-  
emel may be given in fraction  
at doses during the interval. The  
excitement should be allowed.  
Draughts should be avoided &  
the child should be kept still.  
and when there is depression  
we should give him some thing  
to hold on to for this aids him  
in weeping.

Laryngismus Stridulus - Spas-  
m of the Glottis. Prominent  
eyes - cold sweat - head bent  
back - extended hands and  
flexed thumbs - in the middle  
of the palms. This disease

in the female - Treatment -

This is particularly Hygienic - & Dietetic - All depressing influences must be discarded -

Is there any medicine that will cure Tubercle? Mercury was supposed to cure Consumption, but it is in fact injurious - The preparations of Iron are beneficial - Cod Liver oil will prolong life and improve the case, but it will not cure the Tubercle - This oil contains Bile, Iodine, Bromine and other useful substances - The Phosphates of Lime & Soda sometimes have to be combined with the oil in order to make a preparation that certain patients can retain - Alcoholic Stimulation, in moderate quantities is very useful - It pre-



vents destructive assimilation.

The Syrups of Phosphate of Lime and Soda are useful.

Palliative treatment - Cough - never give nauseating cough mixtures - Morphine may be used - Diarrhoea - must be checked - This may be done by Tannic acid, or Acetate of Lead and the like - Fetidic fever - This does not demand an antiphlogistic plan - but tonics and nutritious diet - Haemoptosis - Perfect rest - Iodine - Turpentine - Fistula in Ano - Is generally useful - and should not be cured - it acts as a derivative - Sea voyages are useful if the patient can take one

is unconnected with inflammation. This paroxysm lasts generally for a few minutes and then the child bursts out crying - and soon returns to play again. The paroxysm generally occurs at long intervals. In Epilepsy and other nervous diseases. They may occur only once a year and at other times in the very worst varieties there are many during the 24 hours. When death occurs it is from Coma or Suffocation. Enlargement of the Thyroid or Cervical glands have been supposed to cause the disease - as also an opening between the two sides of the heart.

Treatment Varied as to meet the cause of the disturbance.



In a great majority of cases it cannot be discovered, unless a post mortem examination be made. Change of air is useful by giving tone to the nervous system - and thus preventing this diseased reflex action - Valerian - Oxide of Zinc - During the fit be careful not to do too much. Tickle the fauces - and thereby cause an other reflex action - this may relieve the fit.

Pure Croup - Pseudomembranous Laryngitis - Characterized by an exudation of Albumen & Fibrine into the Larynx - Generally affects children - enters in the 1<sup>st</sup> year - Exciting causes are the same as those bringing on the other forms of Laryngitis - There are also

without undergoing sea sickness. Extreme cold or excessively warm climates are not desirable for Consumptives. But a temperate, equable climate may do much good.

Pulmonary Apoplexy - Symptoms. Bloody sputa. Bronchial respiration. Dullness on percussion. Has been produced by severe mental emotions. Usually due to disease of the Heart. Pulmonary Apoplexy, per se, is not so very dangerous, but as it almost always indicates disease of the Heart, it is regarded as serious.

Treatment. Arterial sedatives. Small doses of Tartarized Antimony. If the hemorrhage be profuse the vegetable astringents.



gusts. In fact an anti-phlogistic tumour.

Cancer of the Lungs. Peculiar dullness on percussion. Bronchial respiration and Bronchial resonance of the voice form symptoms. These symptoms would not amount to much without a cancerous cactuxa. The most common place for Cancer is in the Mediastinum. This cancer sometimes presses on the blood vessels and it may thus resemble Aneurism. but the cancerous cactuxa would direct our diagnosis. The Prognosis of Cancer is necessar-

Epidemic cause of which we know  
nothing. Occurs oftener in damp  
than in dry atmospheres - frequent  
also when the child is confined  
to close and ill ventilated  
rooms. Anatomical Character  
of Pseudomembranous Croup -  
A yellowish white deposit upon  
the mucous membrane of the Lar-  
ynx. Consists of albumen and  
fibrin mixed with epithelial cells.  
May be deposited in spots - maybe  
yellowish - white or streaked with  
blood - maybe thin as tissue paper  
or as thick as buckskin - maybe  
soft and fill the whole tube or  
maybe hard and moist - gen-  
erally adherent to the mucous  
membrane - the outer part is the  
firmest - while the adherent sur-  
face maybe almost or quite



liquids. Now if we can find a  
medicinal which will favor the  
expulsion we fear is rejected.  
The extension of this membrane is  
a result of the gravity of the attack.  
This false membrane may be form-  
ed very rapidly. The sputum  
in <sup>under the circulation</sup> sometimes is in a fluid by  
condition. The <sup>mucous</sup> membrane  
is more swollen for it is  
relieved by the circulation.  
The bronchia are often filled with  
a more purulent matter which  
has come from the Larynx. Pneumonia  
may complicate this  
affection. May be local Emphy-  
sema in the anterior part of  
the lungs due to the coming of  
the air into the lung substance  
which is unable to pass through  
the Larynx. Death may and

ly fatal.

Asthma - Difficulty of breathing - tough expectoration - Sometimes due to congestion - if so it can be cured - but if due to organic disease of the lungs or heart it is incurable - Most frequently occurs in the early morning - Treatment - When due to congestion - Dry cups - blisters - When nervous - Hyoscyamus - Smoking Stramonium leaves - Lobelia - If Paralytic - dashing cold water in the face - In the intervals we must fortify the nervous system - by diet - Exercise - preparations of Bark -

Diseases of the Heart - The



size of the heart, in breadth, is about as large as the fist of the individual - Mr. Pepper believes that the systole caused is the "Impulse" - The first sound is either called the Systolic sound - or the In-fuse sound - The second sound is called the Diastolic sound - or the "superficial" sound - The Bellows sound may be single or double - depends upon deficiency of the valves usually - The "Saw sound" generally double - but may be single - Due to cartilaginous degeneration of the valves - and regurgitation - Mitrals disease is heard best at the apex - Aortic disease is heard

generally from asphyxia - but may  
also be from Asthma - Among  
the symptoms may be unrespon-  
sive - Cough - White mucus  
all to plug - in a few days the  
face becomes more discolored  
and the cough is more something  
than coughs are paroxysmal -  
Inspiration becomes wheezy -  
Breathing embarrassed - feature  
horribly anxious - continuous  
ragged gasping for breath -  
vomiting - Epistaxis apt to occur -  
Hands and feet become cold -  
Stuper - dullness - Sometimes by  
coughing or vomiting a portion  
of the false membrane is expelled  
and the symptoms subside -  
It is probable that this will be  
reformed and death follows pre-  
ceded by a slight convulsion -



When necessary take place. The  
symptoms subside slowly—  
The voice may remain un-  
changed for several. Prognosis.  
One half of all those at-  
tacked with Sporadic Croup die—  
complications and the amount  
and thickness of the Exudation  
have an influence upon the  
Prognosis. Early treatment  
is very desirable. Diagnosis.  
Differs from Laryngitis in not  
having an exudation. If the false  
membrane begins in the fauces  
the differential diagnosis  
can be easily made. But if not  
without there is some of the false  
membrane expelled there is no  
sign which would enable one  
to make a differential diag-  
nosis. In membranous croup

most distinctly at the upper part of the sternum. The sounds of the heart are sometimes connected with form: two. A Pericardial disease will appear nearer the surface than an endocardial affection. Valvular disease is more connected with the action of the heart, that is it is heard at the time of the contraction or dilatation.

Special diseases of the Heart.  
Hypertrophy. Simple Hypertrophy is not a very common disease. Concentric Hypertrophy. In this state the walls of the heart are thickened and the cavities are small. Is an uncommon disease. When this affec:



tion be present the pulse will be quick and cordy. Excentric Hypertrophy - sometimes called Hypertrophy with dilatation - The walls are thickened and the cavities are enlarged. Symptoms - Tendency to congest. ions - Epistaxis - Dropsy - Congestion of the Kidneys - Pulse full and bounding. Ringing in the ears. Head-aches. Increased dullness on percussion. Sound prolonged. Causes - Increased nutrition, and exercise of the organ - Thus exercise - use of stimul. - protracted speaking - eating of highly nutritious food. It may be caused by Empyema

The voice is whispering - if there is  
any expectoration it is of pale  
membranous - A Spasmodic

Spasmodic Permebrunous

Spasmodic Permebrunous

Fever slight - Fever high

No inflammation of the lungs - Pleuritic  
Last for only a few minutes - Several days

Irregular respiration during Swooning -

The Spasmodic

The inflammation of membrane  
our group is thin, as if a low  
grade - Treatment - Antiphlog-

istic plan not called for -

Emetics from the only treatment  
that has been attended with suc-

cess. They expel the obstruction  
to respiration - and thus remove

the cause of death - The Antiphlog-  
istic Emetics depress and deplete  
as well as vomit. More pos-



for the mechanical irritations &  
object to the antiseptics.

Sulphate of Copper in the dose of  
from grs  $\frac{1}{4}$  to  $\frac{1}{2}$  or it may be  
larger is probably the very best  
emetic that can be used. The  
Sulphate of Mercury (Turpeth  
emerald) may be used in small  
or large quantities. Alum may  
be used but the objection to it  
is that it must be given in  
very large doses - it produces  
no nausea. When Mercury  
is used it must better be given  
by inunction for when given by  
the mouth it is liable to cause  
ulceration of the fauces. Mercu-  
ry if employed should be  
given from the start - from  
grs  $\frac{1}{4}$  every 2 hours - soon low-  
er to grs  $\frac{1}{8}$  every hour. Local

or Aneurism of the Aorta -  
Treatment - If caused by  
Emphysema or Aneurism,  
we can only palliate - If  
caused by indiscretion  
in diet we must remove  
the cause. Alcoholic Stim-  
uli must be discarded -

Vibration - The action of the  
heart would be weakened.  
If the disease affected the  
right side we would have  
Cyanosis - If the left the  
systemic circulation would  
be affected - the pulse wd.  
be weakened - Nervous  
palpitation may be mis-  
taken for this disease -  
Causes - Emphysema -  
Aneurism, or indeed any



tion connected with a  
lack of proper nutrition  
Treatment. When due to  
impaired nutrition the  
use of Iron, Quina and  
nutritious diet. Don't  
deplete or use Digitalis.

Valvular diseases of the  
Heart. If the Mitral  
valve be roughened on its  
auricular aspect we would  
have a roughened sound  
at the diastole. When the  
Mitral valves are either  
insufficient or ossified  
we would have the sawing  
sound and regurgitation. The  
same would be true if there  
was disease of the aortic  
valves. Treatment. But

applications have been used - Mercu-  
curie Acid and Potate of Silver -  
These are worse than useless they  
cannot prevent the formation of  
the false membranes - A Blister is  
sometimes used in the front of the  
neck but they are not beneficial.  
Tumours in the back of the  
neck and Parotid may be  
used. When the patient becomes  
weakened give iron along with  
purgs &c. and the last best  
employ them to the very last  
moment of life. For the membrane  
may be removed and life  
saved. Touching the  
exclusion of Emetics is altogether  
a inadvisable - but as an ad-  
jutant means it is useful -  
If one can arrange who are op-  
erated upon in this way it will



It should not be used as a  
last resort - further to nothing  
the operation nor any thing  
else can save the patient -

Diphtheria - An infectious  
contagious <sup>disease</sup> locally charac-  
terized by the formation of  
fleshy membranes generally  
upon the fauces and the larynx -  
This membrane may  
form on any mucous <sup>surface</sup> ~~membrane~~  
This is an evidence that it  
is not a local disease -

The mucous membrane be-  
comes thickened and the  
sub-mucous membrane is  
disrupted - The membrane  
consists of epithelial cells  
exudate exudates of  
fibrin and albumen - For

employment of Rugs. The mode of living is the point to be enjoined upon. Avoid severe exercise. Steam Stom. plan &c.

Pericarditis. Often comes on with a chill. difficulty of breathing. Gurgling sound; after a friction sound. dullness on percussion. There is very little or no danger in the acute stage of this disease. But if the Pericardium becomes adherent to the heart it is very likely to cause Hypertrophy. Pericarditis is usually caused by Rheumatic Inflammation.

Treatment. Phlebotomy antiphlogistic plan. Cups dry or wet. Blisters. Calomel an Opium. In Tubercular Pericarditis no antiphlogosis



the treatment - End heart oil -  
In - Endocarditis - Rheum-  
atism is usually the cause  
of this disease - Prognosis -  
Unfavorable - because it is  
almost certain, especially  
in the adult, to destroy the  
valves - Treatment -  
the same as that for Peri-  
carditis -

Aneurism - The aorta is  
apt to become dilated, we  
would thus have a jick-  
ing pulse - difficulty of  
breathing - In true aneu-  
rism the lining mem-  
brane of the artery is con-  
tinuous with the sac -  
bulldness on percussion -  
Rasping sound - Thrill  
In false Aneurism the

phoria. Loss of appetite —  
a little difficulty of swallow-  
ing. The Pharynx will be sub-  
ject to be of a dusky red.  
White patches are generally found  
first upon the tonsils. There  
is very generally swelling of the  
Submaxillary Glands. The dis-  
ease may be one of the  
We also have the Croupal ve-  
gety. In this the fever is high  
and difficulty in swallowing  
from the outset. On exam-  
ining the pharynx we see a  
yellowish deposit all over the  
larynx. There is more or  
less of dyspnoea. Suffocation  
in many cases. There is  
another form, worse than the  
latter. Called Pseudomembranous  
Croup or suddenly as most



malignant disease. Low  
perfect chill imperfect  
reaction - Swelling of the  
Parotid and other glands.  
There is frequently a serous  
exudation - The Pharynx  
is covered with a serous  
exudation of a horrible odor.  
Face pale or livid - Discharge  
of foul matter from the  
mouth and nose - Diarrhoea  
Dysphagia is the same as  
Pseudomembranous Croup  
but it is Spasmodic and  
Croup is Sporadic - Prog-  
nosis - In all grades sur-  
vives. When the symptoms  
are chiefly laryngeal  
the prognosis is very ser-  
ious. Treatment - Ferri  
Chlor. Dose gr. 5 to 10

linny and middle coats of  
the artery ruptured. The only  
disease that this could be  
confounded with is Cancer.  
but the Cancerous cachexia -  
and the thrill connected  
with the strong beating in the  
aneurism would make the  
disease distinct. Prognosis -  
Unfavorable. Treatment  
Bark - Iron. Enjoin perfect  
rest. Ergot and lead may  
be used in the hopes  
that they will cause co-  
agulation and thus cure  
the malady.

Carditis. Very rare disease.

Scurvy. Scorbutus. Usually  
preceded by more or less  
pain in the back. At length



a red spot will appear on any part of the body, more generally on the lower extremity. Old cicatrices open, and become livid. Hemorrhage in upon the internal organs frequently occurs. This disease is distinct from Papura. Nodes are often found on the bones. The blood is altered. it is more or less decomposed. The succulent vegetables are antiscorbutic. Dr. Larnet, who has made extensive experiments, has come to the conclusion that the blood is lacking in Potash. he thinks that in this resides the cause of the disease. This is the probable pathology. Treatment. This is evident

every 2 hours. with which one  
may associate the Chlorate of  
Potash. No depressing agents  
must be used. It may be  
necessary to use an emetic  
if so be it be a mechanical  
one. Copper Sulph or Alum.  
The Chlorate of Potash is supposed  
to carry Oxygen to the blood.  
If the power be now stopped up  
it may be well to inject warm  
water or mucilage into the  
nose. Diet. Strongest animal  
food. Yolks of eggs. Brandy.  
Squills. Paralysis is often  
grievous one, proving that the  
disease is not local. Com-  
plete blindness. Diapnoea.  
loss of the sense of smell.  
The action of the heart may  
be weakened. Tracheotomy.



Leads to the nervous system  
Liver and Strychnia. In  
first used subsequently  
Strychnia for it acts well  
more benefit. After the blood  
has been induced own health  
of the Glottis. Some  
or two punctures sometimes  
a serious infiltration of the  
submucous tissue of the Glottis  
Scurvy affects the local  
environment. This disease  
is generally secondary and  
primary. Primary cases  
are known to take  
place in the neck. Very  
rare in early life. More or  
much more frequently ac-  
tacked than females. This is  
accounted for by the fact of the

Simons. Changes. If Hemorrhages are present the acetate of Lead - and other astringents - Mercury should never be used. We should never bleed or blister.

Purpura. The eruptions are small purplish - and are usually found on the lower extremities. Comes on apparently without any cause. When in bright red spots, and small and occurring in Children it is known as Purpura Simplex. When found in the aged, the spots larger - connected as it usually is in these patients with hemorrhage it is called Purpura Haemorrhagica. Comes on in summer



Usually not very dangerous.  
Treatment - Purina Em-  
plex - Artificial sedatives -  
digitalis - If any hemorrh-  
age present - the vegetable  
and mineral astringents  
should be used - Nutrit.  
care due.

<sup>22</sup>  
Hemorrhages - (in general)  
Are Active and Passive - The  
active often occurs in the  
young - The blood coagula-  
tion with great promptness.  
Often the sequel of Hypertro-  
phy of the Heart. This  
hemorrhage is generally  
benign as it occurs in  
plethoric patients, but  
when it occurs in an in-  
ternal organ it is dan-  
gerous - Passive Hem-

greater exposure. Expiration is easy  
Inspiration difficult at length  
impossible. Inspiration is attend-  
ed with a hoarse whistling mur-  
<sup>voice</sup> - Hoarse at first at length feebly  
muffled - and subsequently lost.  
There will be frequent involuntary  
efforts at swallowing. The ap-  
pearance of the patient is that  
of suffocation. Pulse small &  
feebly. Extremities cold. Nothing  
like fever. There is a spasmodic  
irresistible more or less marked  
Tetanus. The acute attacks  
generally terminate fatally in  
about 4 days. Death may come  
slowly or instantly. Diagnosis  
Often very difficult. Made  
out only by the course of sight  
or touch upon the diseased  
part. Might be confounded



with Croup. but in that disease  
the cough is varying and it  
occurs only in Childhood. In  
acute inflammatory Laryn-  
gitis there is pain. in this there  
is little or none. In Croup or  
simple Laryngitis both inspira-  
tion and expiration are dif-  
ficult. The mortality when  
Croup or the Croup occurs is  
a complication from it  $\frac{3}{4}$ -  
uncomplicated  $\frac{1}{2}$ . Treatment.  
Must powerful sweaters  
and sedatives. Depletion.  
Emetics. Purgatives. Salaf.  
Cera of Tartar. Gamboge.  
or any Hydrocyan. Cathar-  
tics! A large bark put over  
the anterior part of the neck.  
This is among the most use-  
ful of the remedies. An

morrhage. Always prod.  
uterial - May occur from a  
number of parts at the same  
time - The blood coagulates  
very sluggishly - We some-  
times find a hemorrhagic  
diathesis - Vicarious Hem-  
orrhage - Generally ben-  
ficial - Often occurs after  
the stoppage of the Catamen-  
ia - Treatment - If formed  
in a young and vigorous  
subject it will be well to  
allow the loss of blood, if  
it be not excessive - if it  
does, dry cups acting as de-  
rivatives may be used - This  
is applicable only to Active  
Hemorrhage - Passive  
Hemorrhage - Treatment -  
should be immediately  
stopped - We may here



use Vegetable and Mineral astringents. Turpentine. P. sulphate of Iron. Tannic and Gallic acid. These three last may well be combined with opium especially in Hemorrhages of the Bowels and lungs and any internal organ; it allays peristaltic action - and cough. Vicious Hemorrhages should not often be prevented.

Phlebitis. Inflammation of the vein. Treatment of superficial - a mild antiphlogistic plan - it may be a few leeches. Our main hope in this disease is to uphold the

Stomach can be supported and  
used in many instances the ob-  
ject of which is to open the Stomach  
and the suum evacuated. This  
has been successful in many  
cases. Should this fail the  
operation of Tracheotomy is  
a last resort. This should not  
be left off too long. The opening  
should be made into the trachea.

Chronic Bronchitis - More com-  
mon in men. Certain inhal-  
ation cause it. The most com-  
mon causes are Syphilis and  
Tuberculosis. If there be a patient  
not free from Syphilis - cancer  
and Polypus suffering from  
Chronic Bronchitis. It is almost  
certain that he is suffering  
with Tuberculosis. The al-



cess are generally superficial.  
In Syphilitic ulcerations the  
cartilage under the membrane  
are often affected. Chr. Lar-  
yngitis may exist a long  
duration without any mark-  
ed symptoms. The symptoms  
are sometimes so strongly mark-  
ed that they are wholly mask-  
ed the disease that may exist  
in the lungs. Pain. increas-  
ed particularly when the ul-  
cerations become deep. in-  
creased by pressure. Pain  
very variable. Voice altered.  
When the Cordae vocales are ul-  
cerated throat the voice is  
irrevocably lost. The act of  
respiration is generally unim-  
paired within the lungs have  
some disease. when this

vital powers - Wine - Bark -  
Tinct. Ferri Chl.

## Diseases of the Secretory Organs

Diseases of the Liver - Congestion  
of this organ may be caused  
by disease of the heart or lungs  
or anything which presses  
upon the liver. This must  
be treated differently accord-  
ing to the cause.

Hepatitis - The patient frequen-  
ly complains of pain in the  
right shoulder - Generally  
a slightly icterode here - Fur-  
red tongue - Loss of appetite -  
Pain, increased by pressure -  
If the inflammation be con-  
fined to the parenchyma of  
the organ the pain would



be slight, if confined to the  
serous tissue, the pain would  
be acute and lancinating,  
resembling Pleurisy. The  
great danger of this disease  
is the probable formation  
of an abscess. If in the  
course of the affection the  
patient had a rigor, we  
would have good reason  
to suppose that an abs-  
cess had formed. Treat-  
ment. Mildly anti-  
phlogistic. Calomel-  
in small doses. Warm  
baths. Friction. Pus-  
tules. Chronic Hepatitis.  
Sometimes ends in He-  
patic abscess - but this  
is infrequent. Cups  
may be used, but no  
general bleeding. Nitro

is the breathing is hurried. Cough  
hoarse - sometimes harsh - frequen-  
ly spasmodic. Sputa rarely  
pathognomonic. The quantity  
is very small when it comes  
from the Larynx. The duration  
of Ch. Laryngitis is very variable.  
When due to simple mucus throat  
irritation it is readily curable. When  
a consequence upon Tuberculosis  
the symptoms are only suscepti-  
ble of mitigation. <sup>But</sup> Well direct-  
ed treatment can cure Syph-  
ilitic Laryngitis. The Laryngi-  
tis may be supposed to be Tu-  
berculous if there is Hemoptoe  
or. Emaciation. Dullness in  
the lungs. It will be Syphilitic  
when we can discover Nodes.  
Copper colored spots upon  
the skin. Duration of the disease.



to say nothing of the Poy may  
Syrphus. When the vocal  
cords are particularly affect-  
ed the voice will be changed  
or lost. If the Trachea should  
be the seat of inflammation there  
will always be pain either  
spontaneous or elicited by pres-  
sure. Treatment. In Simple  
Asth. Laryngitis. Ascertain the  
cause - and remove it. If  
due to fatigue of voice rest it -  
withdrawing of irritation by coun-  
ter irritation - by the use of blisters -  
or Plaster Tiglii which is better  
than a <sup>common</sup> blister. Astringent  
gargles. Use of Tincture  
of Silver. But applied with  
a long method curved syringe.  
In some instances there is im-  
minent danger of suffocation.

Muriatic Acid freely diluted - grs  $\frac{1}{2}$  at a dose -

Treatment of Abscess of the Liver - The medical treatment of this affection rests mainly in upholding the strength - Quinca & Iron -

Cirrhosis of the Liver At first there will be fever and evidences of congestion - The portal circulation is obstructed - we therefore have Jaundice - Dropsy - Enlargement of the veins of the abdomen - Treatment - Saline Cathartics - Alterative doses of Calomel - Cups - Blisters - This is applicable when the disease is threatened, but when it has once become formed it is incurable, but we can mitigate suf-



feeding by employing alter-  
ative doses of Calomel. &  
if Dropsy of the abdomen  
appear we may in ex-  
treme cases perform the  
operation of paracentesis.

Fatty Deposit in the Liver.  
The Bile is still secreted, so  
there is no Jaundice nor  
Dropsy. Apt to occur in  
"high livers." The organ is en-  
larged. Caused by the use  
of alcoholic stimuli. Together  
with but little exercise.  
Very apt to occur in females  
suffering with Consumpti-  
on. Fatty degeneration is  
another thing & is incurable,  
it is not as common as  
Fatty deposit. Treatment.  
of Fatty deposit. Enforcing

in -unction is here the best  
remedy. In the weak and  
senile this must be done  
with care. In the dangerous  
circumstances Emetics will  
suffice. Tartar Emetic is good  
here. When the cough is here  
irritating there must be entire  
rest of the voice. Narcotic  
inhalations are often useful  
these may be liquor or dry  
in the vapor of water or as  
a smoke. Sweet Tobacco  
Hyoscyamus Stramonium  
A Belladonna Plaster over  
the Larynx is often very bene-  
ficial. Warm inhalations  
of Iodine and Camphor  
in the vapor of water is very  
useful. The fumes of Tur-  
pentine may be inhaled.



When the disease is connect-  
ed with Syphilis remedies  
employed in that Affection  
must be used. The serum is  
applicable to Tubercular  
Laryngitis. The remedies used  
in Simple Chr. Laryngitis should  
be employed in connection with  
these special medicines.

Applications of solutions of  
Nitrate of Silver should be strong  
not less than Grs.  $\frac{ss}$  to  $\frac{ss}$  -  
varying sometimes to  $\frac{ss}$  and  
these should not be employ-  
ed at first merely around  
the aperture of the Larynx  
and educate the patient to  
the application - subsequently  
as it may be put into the  
Larynx - this is the liquor  
may not the instrument

the total abstinence from  
Hydro Carbonaceous food.

Treatment of Fatty degeneration  
is entirely different. Iron.  
Bark. Quina. Nutritious  
diet. Scrophulous Liver -  
resembles Fatty degeneration.  
This disease is uncommon  
in this Country. When ex-  
amined under the Microscope,  
fatty particles are found to  
be lacking in number. Treat-  
ment of this form of Disease of  
the Liver. Good Liver Oil. Nutriti-  
ous diet. Iron. Quina. & Wine.

Angioid. This is a starch  
degeneration of the Liver.

Cancer of the Liver. This disease  
is most common in the aged.  
The Liver is generally enlarged.



ed under these circum-  
stances - and we may  
sometimes feel the bossel-  
ated structure of the or-  
gan through the abdominal  
walls. This in combination  
with the leucenous death  
exis would make our  
diagnosis almost cer-  
tain. Treatment. Never  
use Mercury - We can  
only uphold the powers  
of the economy - for the  
disease is necessarily  
fatal.

Functional disturbances  
of the Liver. An excessive  
flow of Bile - caused by Al-  
coholic stimuli - lack of  
exercise, excessive eating -  
Treatment. Enforce exer-

carry by it

## Diseases of the organs of the Throat

Disease of the Lungs. The motive power for clearing in the air consists in the muscular attachment to the ribs and the Diaphragm. Expiration of the air is brought about by the pressure of the atmosphere - the elasticity of the walls of the chest - and lastly the contraction of the Diaphragm which in extreme Despondence draws in the lower ribs.

The lining membrane of the Bronchi is mucous and fibrous mixed inside of this there is a fibrous layer. The mucous membranes of the Lungs both mucous membrane and



when are liable to - cough  
inflammation - fluxes and  
exudation - There are <sup>all</sup> ex-  
<sup>also</sup> section tissue - These organs  
are then liable to <sup>inflammation</sup> suppu-  
ration - We have a bron-  
chitis <sup>exudation</sup> and therefore  
are liable to bron-  
chitis - Examining disease  
by the sight - is called technically  
Inspection - From it we learn the  
affections of the Chest - its size  
(more accurately by mensura-  
tion) the movements of respiration  
in - In a right humed man  
the right side of the Chest is  
generally half an inch lower  
or than the left - In cases where  
the lungs contract the walls of  
the Chest follows it - This may  
happen in cases of exudat

cise - and for a time a strictly  
fastidious diet. The oppo-  
site state, or a lack of the flow  
of Bile is often met with. This  
is frequently caused by the lack  
of proper kinds of diet. "Young  
ladies who live on tea and  
toast are liable to this affection."  
Treatment - Proper kind  
of food. Iron.

Jaundice - Causes. May be  
separated into two grand divi-  
ons - viz. Obstruction, & Sup-  
pression of Biliary secretion  
Obstructions may be caused  
in numerous ways - gall-  
stones - inflammation of the  
ducts. Suppression of Se-  
cretion is usually caused  
by defective nutrition, bring-  
ing about disease of the Liver



Thus the bite of certain ser-  
pents causes almost im-  
mediate Jaundice - by de-  
stroying the composition of  
the blood. A function of  
The Liver is to separate Cho-  
lesterin from the blood, if  
through disease this organ  
is unfitted for the elimin-  
ation of this substance from  
the system, serious symp-  
oms set in - for this Cho-  
lesterin being returned, is  
a poisonous agent to the  
animal economy. Prog-  
nosis - If due to cancer  
the disease is necessarily  
fatal. If however due  
merely to congestion the  
prognosis is favorable.  
Treatment - Treatment -  
This Dr. Pepper does not give

in with the Pleura which pass  
is upon the lung and pushes it  
into the angle between the spine  
and the ribs. This exudation  
will form a false membrane  
within the ribs and a vacuum  
being caused within the Thorax  
the air passes that side of the  
chest inwards. This contraction  
of the chest upon one side may  
cause curvature of the spine.

If from simple inspection it  
is observed that there is a <sup>rise marked</sup> depression  
either above or below the  
Clavicle we may be quite sure  
that the apex of the lung under  
that Clavicle is contracted  
and if contracted there must  
be tubercle and if tubercle the  
patient must die. Sometimes  
the lower part of the Chest may



be contracted this is generally  
due to excessive contraction of  
the Diaphragm in cases of rapid  
difficult respiration.

The movements of the Chest  
will be limited by pain. In  
examining the motions we  
may very generally tell upon  
which side the disease ex-  
ists. If a patient presents the  
symptoms of any acute dis-  
ease of the Chest - he need  
not be asked upon which  
side the disease exists but  
by simple Inspection and  
noticing the relative move-  
ments of the different sides.

Palpitation of the Chest is  
a useful mode of diag-  
nosing - The number of respirat-  
ions may be thus ascertained

look it up in "Wood".

Gall Stones Found in the Gall bladder in any number from 1 to 2000. Size varies. Color dark brown or lighter. Excessive use of hydro carbonaceous food and alcoholic stimuli tend to the formation of Gall stones. This affection is very apt to occur in women as at about the time when the Catamenia ceases. Dr. Pepper says "Widows fair, fat and forty are very liable to Gall stone." This disease is not usually painful except when the stones pass into the ducts. During the passage the agony will be intense following the passage will be diarrhoea and



the next day the icteroder-  
m is usually seen - The  
two latter symptoms will  
assist us in making a  
differential diagnosis be-  
tween this disease and  
colic - or the passage of a  
Urinary Calculus - Treat-  
ment - To relieve the  
severe pain we may em-  
ploy Ether or Opium -  
The passage of the Stone  
may sometimes be assist-  
ed by Electricity - The  
future formation of these  
stones may be prevented  
by proper diet - and ab-  
stinence from Alcoholic  
Stimuli

Splenitis - The spleen is  
very liable to congestions

Ed. - By placing a hand on both sides of the throat and getting the patient to speak we may discover the vocal frictions - in cases of effusion this will be interfered with. Pneumonia will increase the vocal frictions but it will be harsher and sharper evidently the sound is conveyed by a denser medium than in health. By placing the fingers into the space between the clavicle and the first rib and getting the patient to speak if there are tubercles the vocal frictions will be much more marked upon that side. The presence of an abscess or effusion into the pleura may be detected by palpation.



ation - The chest is essentially  
by a bony box filled with  
air - it is therefore sonorous -  
but if the contents become  
solidified there will be no  
resonance. Percussion with  
thin sheet flatness - There  
may be many degrees be  
tween these two extremes of  
flatness and sonorous air.  
The presence of the lungs  
within the chest modify  
percussion sounds - The  
chest is covered with mus-  
cles in some places they are  
thick as others thin - where  
thick the sounds will be con-  
spicuously dull - where thin  
it will be sonorous - The  
upper ribs being covered  
by less muscle has

and acute and chronic inflammation. In acute Splenitis the Treatment would be mildly antiphlogistic. In chronic cases we would be very careful not to employ Mercury.

### Diseases of the Kidneys.

Inflammation of the Kidney. Urine scanty - high colored & has a strongly ammoniacal odor. It is infrequent for both Kidneys to be affected at the same time. For this reason we seldom have dropsy, for the other gland takes on vicarious action. This may be caused by a calculus in the pelvis of the Kidney. Treatment. Mildly antiphlogistic. Cupping



over the region of the Kidneys.  
Mild laxatives - Dia-  
phoretics - We should  
not apply Blisters in this  
affection -

Albumenuria - Dropsy fre-  
quently first noticed about  
the eyes - Still later we have  
general Anasarca - Oe-  
dema - The urine will  
present albumen in it -  
Brain symptoms are apt  
to set in - Vomiting - An-  
emia - Coma - The Kid-  
neys in the acute form are  
very greatly enlarged, and  
present a bossitated ap-  
pearance - Differs from  
Nephritis by the presence of  
Dropsy, and also the persist-  
ant presence of a large quan-

and then being but little  
altered the percussive sounds  
will be more dull than ever  
is seen when the lungs are  
larger and the ribs more  
movable. Over the heart  
the respiration will be less  
marked than elsewhere.  
This will be changed by In-  
spiration and expiration.  
For in inspiration a portion  
of the lung covers over the  
whole heart and therefore  
there is a little more res-  
piration there than there would be in  
expiration. A portion of the  
lung which is now resonant  
must be diseased. Therefore  
portion of dullness must be  
in proportion to the degree  
of solidification & effusion.



Dullness may be either low or high toned. The former is due to resonance. There is dull and low toned resonance is the cause of Emphysema.

### Percussion Sounds

Clear but low toned	{	<u>Normal</u> over vesicular structure
		<u>Abnormal</u> when the proportion of air is excessive e.g. Emphysema & Pneumothorax
Clear and High Toned	{	<u>Normal</u> over trachea and large bronchia
		<u>Abnormal</u> over limited cavities
Dull and low Toned	{	<u>Normal</u> when the coverings of the chest are thick
		<u>Abnormal</u> when the lung is partially or fully in air

te of Albumen in the Urine.  
Prognosis - In the early stage  
very favorable. Treatment.  
Cups, Opium. After the  
constipation has been removed  
we may employ Diast.  
ics.

Fatty Degeneration. Is a very  
rare disease - but Fatty Infil-  
tration is common. Caused  
by sedentary habits - abuse of  
alcoholic stimuli - and the  
pleasures of the table. Treat-  
ment. Consists in remov-  
ing the causes.

Scrophulous Degeneration. Is  
not a very common disease.  
This would be Treated by  
the employment of Cod Liver  
and Iron.



Gouty Kidney. So called by  
Todd. The urea is retained  
in the blood. The breath is  
ammoniacal. — Treatment.  
This would consist in  
acting upon the several  
enumerated. Another  
name for this patholog-  
ical condition, is atrophy  
of the Kidney. All these  
conditions come under  
the head of Bright's disease.  
but this is a very mean-  
ingless name. Cirrhosis  
of the Liver, and diseases  
of the heart are very apt  
to occur in connection  
with these affections of  
the Kidneys.

Diabetes. Is not a disease of  
the Kidneys, but one of the same.

Normal over scapula  
and dorsal muscles

Full but light sound } Abnormal when the  
lung is deprived of air e.g.  
hepatization; or is replaced  
by liquid or solid. eg pleuritic  
effusion, tumors.

If a pleuritic be used an Indian  
rubber one is the best. but the  
finger is preferable to all.

When percussing a patient he  
should be symmetrically placed.  
It is better that he sit down  
and when percussing on the  
back he should lean forward.  
and vice versa. All percus-  
sion sound are increased by  
a full inspiration - and de-  
creased by expiration. The na-  
ture of percussion should be made  
only from the wrist. Percus-  
sion consists in putting note



vibration. The contents of the  
Thorax - even if this be made  
lightly rushing but that which  
is superficial be caused to  
vibrate. Therefore by direct  
percussion we may ascertain  
the presence of deep seated  
disease. For usually the  
apex of the right lung rises  
from  $\frac{1}{2}$  an inch to 1 inch  
higher than the left lung. This  
has an important bearing up-  
on the diagnosis of Phthisis.  
The liver rising into the bel-  
low of the right lung mod-  
ifies the percussion sound of  
the lower part of that lung.  
Percussion only shows whether  
or not the lung is more or less  
permeable to air. If per-  
cussion is dull then some

by marked features in this disease is an excessive flow of urine. In Diabetes there is much sugar in the urine. This disease comes on slowly, soon the patient wants to drink continually. There is a dryness of the throat. This thirst is caused by the draining off from the blood of its watery constituents. The increased quantity of sugar in the urine increases its specific gravity. The specific gravity of healthy urine is 1.015 to 1.020. In this disease it is sometimes increased to 1.050. Emaciation is very marked, the bowels are generally constipated. This disease is very incurable. Temporary Diabetes may be



cured. This disease was formerly confounded with Rhe-  
usis, and was therefore  
considered a curable di-  
sease. The patient suffer-  
ing from this affection is  
very much disposed to  
Hæmorrhage. Therefore no op-  
eration should be perform-  
ed on a Diabetic patient  
without it is absolutely  
necessary. This disease  
predisposes to the dispo-  
sition of Tubercles. Pa-  
tients suffering from this  
affection are liable to sud-  
den death. If the sug-  
ar is very plentiful we  
may detect it in the fol-  
lowing manner. Place  
in a watch glass the  
suspected urine, and

either be a solid or liquid  
within the chest or the solid-  
ity of the lung is changed. In  
the case of fluid effused into  
the Pleura it may be moved  
and by percussion. By mov-  
ing the patient's position we may  
ascertain whether the dullness  
be caused by a solid or a fluid  
id. If the Percussion elicits  
increased resonance we may  
know certainly that either  
Empyema or Pneumothorax  
exists. Cracked Pot sound  
is an evidence of a cavity bound  
ed by hard walls. It may be  
a pathological cavity - or it  
may be elicited over a large  
Pneumus. Auscultation  
mediate and immediate.  
The patient is laid on a quiet plane.



Must isolate the different sounds the  
heart. Never auscult with the  
head lower than the shoulders  
for the rush of blood to the brain  
interferes with the sense of hear-  
ing. But will be auscultate  
thorax. the naked chest. the  
muscular sounds may be  
heard in some muscular in-  
dividuals. Direct the patient  
or better - show him how to  
breathe. this must be easy &  
natural. Object of this  
cultative. To hear the sounds  
of the chest and to reason  
from them what is the con-  
dition of the conveying medium.  
As the air passes in the lung  
it produces 2 sounds -  
One in the bronchic another  
in the vesicular structure

evaporate it over a spirit  
lamp. The sugar will then  
be found on the glass, gene-  
rally in the form of a  
sort of molasses. Fehling's  
copper test will detect the  
sugar when it is in small  
or quantities. This disease  
is hereditary. Excess in  
the pleasures of the table, a  
buse of tobacco, the eating of  
much sugar, are all causes  
of this disease. Disorder-  
ed primary assimilation  
is the cause of this disease, in  
nine cases out of ten. Dr. Pepper  
thinks - Treatment. Enforce  
an animal diet. Remove  
the causes. Alkalies. Rennet.  
Yeast has been used by Dr.  
Wood. Opium as a palli-  
ative to the excessive dys =



ness of the skin - and to dis-  
minish nervous irritation.  
Turnedelli - Macaroni -  
Cabbage - Celery - Chicken  
salad may be allowed.  
Burgundy wine or diluted  
Brandy are useful. Butter  
Milk tends to fermentation  
and is therefore beneficial.  
Change of Climate.

Diuresis - Persistent and  
continued flow of water.  
Thirst - inordinate appe-  
tite - The specific gravity  
is low - sometimes 1002 -  
There is no Sugar in the  
Urine. The cause of the  
low specific gravity is the  
scanty quantity of Urea.  
This disease is caused by  
loading the system with

vascular respiration caused  
by the air passing in and out  
of the lung vessels - is smooth  
and breezy. Bronchial respi-  
ration - the Inspiratory murmur  
is larger at the base than the Ex-  
piratory - is heard at the roots  
of the lungs, and also at the  
summit of the right lung, if  
however the Br. Respiration at  
these points be much increased  
abnormally e. - we may be  
sure that the lung is particu-  
larly wholly indurated. In  
Infancy the Respiration is  
almost wholly Scapular  
e. - therefore the Inspiratory  
murmur is not much mark-  
ed. This Inspiratory mur-  
mur in Childhood is shrill  
or "puerile" - in old age it is



included. In female the Insp  
iratory summer is smaller  
than in males. The reason  
is that respiration is more  
active - females are also  
more nervous and therefore  
more excelling the air -  
movement causes more rapid  
respiration. If the larynx  
be placed over the trachea  
so and the patient speak  
the words will be transpor  
ed to the ear clearly - if it  
be put over the vertebral  
structure the voice is "broken  
up into a thousand parts"  
But if the lung be solidified  
from any cause the voice  
will be conveyed distinct  
ly to the ear. This is some  
times called Bronchopony.

Hydro carbonaceous food. It  
must then be regulated as  
Dyspepsia & dyspepsia

Dropsy It is well known  
that dropsy is frequently re-  
lieved spontaneously by  
diarrhoea, dysuria or dia-  
phoresis. Therefore we can  
have some clue as to how  
we should generally treat  
this affection. Treatment.  
It is sometimes well to bleed,  
diaphoretics, diuretics, and  
hydragogue cathartics.

Diseases of the Skin. These diseases  
are nearly always compli-  
cated by constitutional distur-  
bance. Diagnosing of these af-  
fections is very difficult. The  
surest way is to do it by exclusion.



ion - In acute skin diseases  
we sometimes have to use  
the lancet, but this is rare.  
In the acute form we should  
use a mildly antiphlogis-  
tic plan of treatment. Dia-  
phoretics, diuretics. In the  
chronic form we should  
employ Tonics. Arsenic is  
more or less a specific in  
the treatment of these af-  
fections. It should how-  
ever never be given in the  
acute stage. Fowler's So-  
lution gtt's vi in a little wa-  
ter, immediately after meals  
is the proper way to em-  
ploy this remedy. Brown-  
s' Solution is also a very  
good preparation to use in  
the treatment of skin diseases.  
The dose of it is the same

The resonance of the voice  
called "vocal resonance" is  
marked in the male - very  
little so in the female - Disease  
alters the breathing sounds - These  
become symptoms of the condition  
of the system which pro-  
duce them - In some diseases  
as we hear new sounds gen-  
erated - The natural respiration  
may be altered by an  
increase in its intensity, in  
rhythm - in quantity -

### Respiratory Murmurs -

In Intensity { Exaggeration -  
Weak  
Absent

In rhythm { Lengthening  
Interval between  
inspiration and expiration  
Irregular or shortened  
Relative duration of in-  
spiration and expiration  
in altered



Inequality { Harsh  
Blowing  
Leaving  
Amphibious  
Intuitive

The intensity may be caused  
all from a number of con-  
ditions - if any thing inter-  
feres with the action of one  
lung the other one takes on  
supplemental action and  
is thrown forward or exag-  
gerated - This may be  
heard in both lungs dur-  
ing great exertion - The  
Inspiratory action is thor-  
oughly increased  
in length. Forceful respirat-  
ion may be caused by con-  
striction of the vessels as  
in Emphysema - in extreme  
cases the Inspiratory mur-  
mur will not be heard at

as that of Amies. Cod liver  
oil is frequently beneficial as  
a remedy in cutaneous af-  
fections when chronic. It  
acts by improving the nutriti-  
on. Dr. Pepper does not think  
much of Vulcanizer. (Petroleum  
Extract) as a remedy in these  
affections. With regard to  
local treatment. Never use  
stimulating applications in  
the acute stage. Baths are very  
useful as a remedy. These  
baths may be medicated  
either with Sulphur. Alkali  
Mucilage, etc. Ointments  
are beneficial. Benzoine  
gt<sup>x</sup> added to every 3 of the  
ointment employed, pre-  
vents its oxidizing and be-  
coming rancid. Tar oint-  
ment is very useful.



Erythema - meaning bluish-  
unattended by a fever—  
Often the result of gastric  
irritation. Often of a temp-  
orary character. coming and  
going. Treatment. Does  
not generally require any.  
Dressing the parts with flour  
is sometimes useful. Several  
varieties are described.

Roseola called so from its  
rosy color. Sometimes called  
"false measles". Scarlatina  
and Rubiola are contagious,  
and are complicated with  
catarrhal disorder and may  
thus be distinguished from  
Roseola. Treatment.  
Little needed. Magnesia  
ca.

Urticaria - Nettle-Rash. This ex.

al - it will be caused by  
the deposit of Lubach - <sup>the</sup>  
rigid bodies in the Trachea - Pleu-  
romembraneous coverings - Adhesion  
of the Glottis will cause further  
expiratory murmur - Effusion  
or Gas in the Pleura - Effusion  
in the Mediastinum will cause  
a like condition - The system  
may be altered - It may be  
jerking - The most common  
change is the lengthening of  
the Expiratory Sound - Res-  
piration may be altered in  
Quality - The most important  
alteration in Quality is the Blowing  
or Barrethel Sound -  
It is an evidence of solidifica-  
tion of the lung which converts  
the normal respiration to  
the above - There may be every



perceptible growth of solidification.  
in. Harsh respiration is  
a lower degree of Bronchial  
or Blowing respiration. Can-  
cynous Respiration is caused  
by the air entering & hollow  
in the lung. It may be crasping  
or metallic. There are  
what are called adventitious  
cyn sounds - or Rones. The  
means snoring - and are de-  
an caused by the air passing  
through a thick secretion in  
the tubes and the move-  
ments of the air which is  
respiration. There are two  
Kinds of Rones Snoring and  
Sibilant or whistling. The  
Snoring Rhones are those  
produced in the larger tubes  
it is low and snoring.

ruption is frequently followed by gas-  
tric disturbance. Itches extremely.  
Treatment. Magnesia. Dilut-  
ed Lemon juice may be used  
as a local application. Fre-  
quently a narcotic dose must  
be given at night.

Papular eruption. Lichen is the  
type of this sort of eruption. It  
sometimes becomes chronic, it  
then loses its papules. Caus-  
es. Usually due to some con-  
stitutional vice - such as a  
gouty diathesis. Sometimes  
brought on by the friction of  
red flannel. Treatment.  
If a gouty diathesis be sus-  
pected. Lemon juice. Colchi-  
cum. If due to disordered  
menstruation, the various  
emmenagogues may be im-



employed. In the chronic stage  
Tonics must be mostly re-  
lied upon.

Strophulus. Generally due  
to improper nutrition.

Treatment. Refrigerant dia-  
phoretics. mild laxatives.  
Lance the gums.

Prurigo. Intense itching.  
Usually occurs on the back  
caused by a want of clean-  
liness generally. The e-  
ruptions are white. Treat-  
ment. If due to a cach-  
ectic state of the system.  
Tonics. If found in  
a gouty patient leechi-  
cure. Tincture of Iodine  
applied with a hair pen-  
cil will sometimes allay

The subglottal Rhonci are wheezing, occurs as the Sonorousness in the act of Inspiration and Expiration - formed in the smaller tubes - may be caused by either swelling of the tubes or a mucus in them - The Crepitant Rhonci - murmur short sharp crackling quick crackling sounds - produced in the air vessels only - Heard at the latter part of the act of Inspiration - produced by the separation of the opposite walls of the air cells - which were glued together by mucus - This are suddenly crushed in making the crackling sound - <sup>not</sup> very little changed by cough - The first mention sign of ap.



proaching Pneumonia -  
When heard at the apex of  
our lung and dry and not  
so free as the Capelant Rhin  
cus of Pneumonia is called  
the Choking sound and is  
a very common sign of the  
1st. - But Capelant - formed  
in branches of inter-medial  
sign - common in Pneumonia  
but not in the first stage -  
This heard after the mucus  
has gone out of the neck  
into the bronchi - Mucus  
Rhoncus - formed in the  
larger bronchial tubes -  
caused by air passing  
through any liquid contain-  
ed in the bronchi - The  
Mucus Rhoncus is a syn-  
ctical Rhoncus - found in

The emulsion -

R. To Opium

Sulphuris Suet. 1/2 ss.

Linci Opidi 3 ss.

Ol. Amygdalar 3T

Q. Adipis 3T

S. use as an ointment -

Verrucosae - Eczema - Sudam.

ina - Herpes - Scabies - Pimples

gus - Rupia - The first may

be regarded as the type. E.

zema - The simple form call.

ed Eczema simplex usually

lasts about two weeks. Some

times this disease becomes pus-

tular - Causes - Heat - Canthar.

ides - Burgandy pitch - plaster -

Treatment - In the inflam.

matory stage, a mild an-

tiphlogistic plan - In chro-

ic form, we must use Iodine

Acetic -



Eudamiana, very small  
light elevations on the skin.

Treatment - Requires none.

Herpes. Distinct patches.

One of the most interesting  
varieties is called Zoster,  
commonly known as Shingles.  
This form is usually  
in belts. Causes. Check-

ed perspiration. Cold often  
follows fever. Treatment -

In the acute stage, mildly  
antiphlogistic. In the Chrom.  
is form - Tonics.

Scabies. Itch. The vesicle  
is accumulated. Usually  
found between the fingers,  
but it may occur anywhere.  
Caused by the Itch insect.  
This insect was discovered

both sides. Commonly associated with the Larynx and Subglottic Rhinens. A catarrhus Rhinens is described. Gurgling sound <sup>catarrhus Rhinens</sup> caused by air passing through a quantity of liquor. Pectoral gurgling. Symples chest speaking - heard most distinctly through the Stethoscope. When the Bronchi are dilated we will hear the Bronchial voice or Pectoral gurgling. But a dilated Bronchus is nothing less than a cavity & we will have Pectoral gurgling from Tuberculous Cavities, but the walls of Tuberculous are irregular and angular and thus give the sound or voice is not reflected so perfectly and therefore the sound



do not produce typical  
Pectoriloquy - Egophony -  
Beats' voice. The natural  
resonance of the voice <sup>in the larynx</sup> &  
especially in women seems  
to be much this sound -  
It is heard in Pharynx - and  
is caused by the air pass-  
ing through the effused  
tissue. Cough - consists  
in the noisy and forcible  
expulsion of air from the  
lungs - After coughing an  
exaggerated inspiration  
is necessary - for coughing  
has the effect of a forced  
expiration - The cough  
forcing air through dif-  
ferently sized tubes is  
changed - When the tubes  
are enlarged the cough

1825. Treatment.

Mercurial ointment will destroy the insect and therefore cure the Scabies disease. Sulphur ointment. Bathing.



Pemphigus. Acute & Chronic. Rarely is there any fever. Bullae range from the size of a pea to that of a chestnut. Treatment. Saline laxatives.

Rupia. Is a pustulent eruption, when the crust falls off, a little cavity is left. These crusts are sometimes prominent. This disease is generally syphilitic - but not always.

Treatment. If Syphilitic Mercury carefully administered. Water Dressings.



Pustules. Impetigo, Ecthyma,  
Favus, Acne, Acne Rosacea.  
Dyscosis.

Impetigo. The pustules are  
very small - sometimes scat-  
tered all over the body, at  
others it is in particular parts.  
Sometimes it forms in a crust  
or a kind of bark over cer-  
tain parts of the body. Not  
contagious. Never fatal of  
itself. Caused. by low  
diet - want of cleanliness.  
Most frequently found in  
children. Treatment. The  
pus should be removed  
by soft sponges. When the  
crusts are formed they  
should be removed by em-  
ollent washes, and our  
unacidus such as sulphur  
ointment, and the like may

will be hollow - when they  
are contracted the cough will  
be smothered - When the  
lung is solidified the cough  
will have a very shrill  
metallic ring - Pleural  
friction sound - In the nor-  
mal condition when there  
is no inflammation - the  
opposite side of the Pleura  
make no noise when rub-  
bing on each other. But when  
the Pleura is inflamed with  
with or without exudation the  
opposite sides rubbing on  
each other produces a  
roughness or friction sound.  
Metallic Tinkling - Probably  
caused by the bursting of  
a bubble of air upon the  
surface of liquid effused



into a long cavity.

Phonics

Sonorous (growl) { Snoring  
Cooing  
Guzzling  
Gnawing

Subsonant (Shriek) { Whistling  
Piping  
Hissing

Impetuous { Long crepitation  
Chattering  
Fecble

Diminished { Suppressed

Increased { Simple increased  
Bronchophony  
Pectoriloquy  
Amphoric resonance  
Aegophony -

Unclassified { Pleural friction  
Metallic tinkling

Sub-Crepitance { Humid crepitation  
Crackling

Bubbling { Mucus. submucous  
(Cavernous) Gurgling

be applied.

Ecthyma. Sometimes looks very much like Small pox eruptions. This disease is unattended with danger. The crops will come on after each other, for an indefinite length of time, unless the constitution be properly treated. Treatment. Mineral acids. Bark. Quina. Iron.

Favus. Sometimes called Porrigo. Favus means Honey comb. This is not properly a Pustular eruption. Generally commences at the edge of the scalp. Some believe this to be a fungous growth - developing from germ and therefore con



Tagionous. But Dr. Pepper does not regard this to be the true pathology of this disease. He believes it to be purulent cell action. Due to improper nutrition. Occurs most generally in children. Could hardly be confounded with any other disease. Its cupped and yellowish appearance is perfectly characteristic. Dr. Pepper does not believe it to be contagious. but as there is a doubt about this fact we should err on the safe side, and consider it contagious. Treatment Those who believe it to be a vegetable growth, would strive to kill the parasite. Cut the Hair short. apply

Bronchitis - Inflammation of  
the mucous membrane of the  
Bronchial tube. May attack  
almost exclusively the larger  
tubes or the smaller ones. May  
be acute or chronic. Sometimes  
called Croup when it affects  
all ages - but more likely to affect  
the youth and aged. Not apt  
to recur in dry seasons. Com-  
mon in winter and Spring. Fre-  
quent in children and sedentary habits pro-  
duce it. Powerful attacks  
and Scrophulous predispo-  
sition to this disease. Seldom fatal  
of itself. May prove fatal in  
the very young and old. But  
never appears. Red-  
ness of the mucous membrane  
with coughing. Tubes filled  
with frothy mucus.



Symptoms - Cough - Hæm-  
morrhage of the nose - Soreness of  
the larynx and trachea -  
Pain behind the sternum -  
increased by cough - This pain  
is burning and radiating -  
On a few days the expector-  
ation - The sputa is at first  
natural - becomes greenish  
and at length yellowish -  
This shows the presence of  
pus - They smelt in water  
may be streaked with blood -  
If the sputa be put in a cup  
they run together making a  
homogeneous liquid - Pus  
which is abundant upon the  
ch is characterized by  
numerous sputa -  
At first the Rhonchi are  
Sibilant at length they be

water dressings, and remove the crusts. We can then apply Tar ointment or other local remedies. The preparations of Iron may be used to benefit the quality of the blood.

Acne. Occurs at about the time of puberty. Generally found on the face and on the back, between the Scapulae. Treatment - Exercise - Low diet. If any local application be employed. Lead water at first and afterwards Calomel ointment may be used.

Acne Rosata. Often found in the Gouty. Is frequent in females at the time when



The Catamenia ceases. Treat  
ment. The same as that  
for Acne Simplex.

Dyscosis. Some believe that  
this is a vegetable growth,  
and consequently contagious.  
This is a mooted question.  
It occurs generally on the  
chin, and mats up the  
beard. Treatment. Cut  
the beard with scissors and  
do not use the razor.  
Then treat as the sympt-  
oms require.

Scaly diseases. Leprosy. Psor-  
iasis. Ichthyosis.

Leprosy. Leprocy. The eruptions  
in this disease are peculiarly  
round varying but very little

common bubbling. In young child  
dren the mucus sometimes  
remains in the tubes from the  
inability to throw it off. This  
dries and the air held in becomes  
absorbed and the lungs collapse.  
This is in many instances the  
cause of death in young chil-  
dren. <sup>Asphyxiating</sup> ~~Asphyxiating~~ Bronchitis.  
Sometimes known as Suffo-  
cating Cough. Anatomical  
particularities. Retention of the  
Tubes. The <sup>bronchi</sup> bronchi are stopped  
up with a tenacious mucus.  
Sometimes there is an emphy-  
sematous condition. This is  
caused by the severe coughing.  
Symptoms. Asphyxia.  
Cyanosis. Increased num-  
ber of respirations. The blood  
is not aerated therefore the



Systemic circulation becomes  
congested - Prominent  
jugulars - No Expectoration  
at first - at length a very  
tender cough & sputum is thrown  
off - In the upper lobe there  
is exaggerated respiration -  
In the lower part the respi-  
ration is feeble or suppressed.  
The Rhonchi are the same  
as those of simple Bronchi-  
tis with the exception of the  
addition of a fine crepitan  
Rhonchi - This is heard in  
both sides - Rapid pulse -  
Bubbling over the larger Bron-  
chi. Patient does not complain.  
The first signs of improve-  
ment is a less anxious ex-  
pression - This is a very val-  
uable sign in all children.

from the exact circle. Lepra is particularly disposed to affect the skin about the joints - especially those of the knee and elbow. The scales are very minute. The surface under them is very red. It very seldom affects the face or hands. The duration of this affection is indefinite.

Treatment. Decoction of Dul. camara. Should the patient be vigorous, with a strong pulse, it might be advisable to bleed moderately. Warm baths should be taken daily. In very obstinate cases Fowler's solution or Donovan's solution may be administered.

Psoriasis. First appears in small papulous elevations, not larger than a pin's head



The summit of which soon becomes covered with slight whitish scale. A number of these break out at once. They increase in size. Their shape is roundish. This eruption may occur any where but is generally found on the back and limbs. Sometimes this disease is quite local. The general constitution is generally unaffected. The causes are obscure. The eating of salt meats, acids and the like is supposed to have caused it. May occur to anyone.

The eruptions in this disease are not depressed in the centre and in that way it may be distinguished from Leprosy. Treatment

inn. disease - Duration  
5 to 16 days - Differential  
diagnosis - Pneumonia would  
have to be double to simulate  
it - but in <sup>Pneumonia</sup> there is dull  
ness in Percussion - The disease  
is equal in both sides from  
the very beginning in Cap's  
lung P. - not so in Pneumonia  
when double - one  
lung has the disease very  
far advanced in it when  
it is absent in the other lung -

Treatment of Simple Bronchitis.  
At the outset there may be  
an abortive treatment resorted to.  
A whisky toddy - milk punch -  
Dover's Powder may be used.  
Either the second night or the fol-  
lowing day use a dose of Eucalypti  
Oil - In the latter stage all



This treatment would be absolutely  
injurious. Then do not omit  
an R. Small quantities of  
Opium. Camphor tinct of Opium -  
In the vomit it may be well  
to bleed - This must be general -  
When the oppression is severe  
cups may be put over the chest  
to produce phlebotomy - When the  
action <sup>is</sup> diminished nard.  
units should be employed  
Opium or Tartar Emetic - When  
the mucous secretion is suppres-  
sed which is most frequent  
in children - Emetic should  
be given <sup>the compound</sup> Calomel is much  
more doubtful in the case of in-  
flammation of mucous than  
in serous membranes - In  
the latter it is doubtless use-  
ful. Generally the mucous

Is the same as that for Septra.

Ichthyosis. Hardened, thickened, rough, almost bony state of the cuticle, which breaks into small, scale-like pieces.

This is unattended with inflammation. Frequently congenital - and is then incurable. There is a form called Ichthyosis Leonina in which a regular horn, or horns are produced. There is no pain nor itching. Does not affect the constitution. Most frequently affects women. Treat-  
ment. Warm Baths. Vapor Baths. Friction. Tar ointment.

Tuberculated diseases. Tu-  
bercle. Thought to be of



Syphilitic origin. Is never contagious. Is most frequently found on the face. In its earlier stage it is painful - but later it loses all sensation. Treatment. Iodine used internally, and Iodine Ointment.

Barbaados Leg. Elephantiasis. Occurs most generally in the legs or the scrotum. Begins generally by acute inflammation of the lymphatic vessels. Headache. fever. and frequently vomiting are among the symptoms. Not contagious. Attacks all ages the older especially. Almost confined to hot climates. Is paroxysmal. Treatment. Iodine. Bleeding - purging & the antiphlogistic plan generally for the acute stage.

secretion when once established  
becomes excessive and frequently  
murder in composition. Stimulants  
or Expectorants are now useful  
they act by stimulating the mucous  
membrane to contract. If the  
mucus is very excessive or more  
persistent Opium should be given  
in it also kills the coryza but  
one must be taken that this be  
not too much privative with—

In the Catarrh of the Bronchitis  
prompt treatment is neces-  
sary Do not give any depressing  
medicines—no sedative emulsi-  
on. The sulphate of copper in Lungs  
may be used. Revulsion—  
Acupunct. Empurion. Senega which  
has a specific action upon  
the mucous membrane of the  
Lungs. Uphold the strength by

Stimulants. Chronic Bron-  
chitis. There are different forms.  
Is a common disease. In  
old age it may occur as an  
original disease - but in youth  
and adults it is the consequence  
of acute Bronchitis. Derogation  
is the retrocession of some skin  
disease - habitual exposure to  
cold - Those whose work involves  
the inhaling of fine dust.  
Sometimes the odor of the breath  
is very fetid due to the de-  
composition of sputa within  
the dilated Bronchial tubes.  
The inflammation of the Bronchia  
may cause not a secretory  
mucus or pus but of serum.  
This sometimes is very great  
in quantity. It is usually  
watery - Sometimesropy -



Framboesia - Sawb. This eruptive resembles the raspberry. Indigenous to Africa. It may occur anywhere upon the body. Sometimes preceded by febrile symptoms, languor, pain in the extremities. The eruption first appears as a small red spot, which rises into papules. These increase in size and exude a fluid, which by hardening forms a scab. Not painful. Is contagious, but only by inoculation. Treatment It baffles treatment and runs its course.

Molluscum - A disease of the sebaceous follicles. Is neither contagious nor malignant. These tubercles are spherical, varying

in size, and are either the color of the skin or brownish. Does not affect the general health. Sometimes the tubercles wither, at others they ulcerate away. Treatment - Friction - Exciting the skin to proper action.

Molluscum Hepaticum - Most frequently found on the face. More common in men than in women, common though in pregnant women. May be in spots or universal. Is frequently caused by derangement of the menstrual flux. Treatment - If due to Amenorrhoea employ Emmenagogues. Saline purges.

When this becomes fatal it is  
by causing Apoplexy - This Bron-  
chitis is apt to be connect-  
ed with disease of the heart -

There is another form of Bronchi-  
tis. That in which the secretion  
is very scanty known under  
name Laminae called the Dry  
Croup. Anatomical Charac-  
teristics - The Bronchial tubes are  
brown, very rarely silent. The  
most important lesion is the  
great development of the mucous  
layer of the Bronchial tubes.

The Cartilages become ossified.  
Many of the Bronchi are enlarg-  
ed lower both while others are  
contracted. Emphysema is apt  
to occur. Auscultation men-  
tioned hoarseness and subleone  
Pneumonia - When the Bronchi



are much diluted or will  
have Cuvernous respiration.

Effluvia

Chronic Bronch

More frequent before 40 Frequent after

Bloody sputa Withine voluntary

disease of the heart's mus.

Expectoration profuse. Not extreme.

Physical signs at the apex. At the Base

Cuvernous respiration at the apex At the Root.

These two diseases often co exist.

Local treatment. Hardly ever

debatable or sedative. If the

physical structure the mechanical

emetics should be used. Large

Blisters - small blisters are

of no use - they need more

caution in the use of them. Codon

Oil peristulation may be

employed. Opium should

be used but sparingly. If

the Bronchitis be chronic or

Addison's Disease - Bronzed  
skin disease. Dr. Addison in-  
vestigated this affection, and  
believed it to be due to a diseas-  
ed state of the Suprarenal cap-  
sules - There has been consid-  
erable doubt thrown on the  
fact as stated. The skin  
becomes of a bronze color. It  
begins slowly and insensibly.  
Loss of appetite - emaciation  
and languor are noticed.  
Treatment. No treatment  
has proved effectual.

Diseases of the Brain - Cerebritis.  
Pain not very acute. It is fre-  
quently intermittent. The  
pulse fluctuates. Head hot.  
The disease is frequently on  
the opposite side to that in which  
the pain is felt. Delirium -

Sooner or later there will be  
Paralysis - and this will be  
on the opposite side from the  
diseased half of the brain - There  
will be disordered respira-  
tion - Caused - By blows -  
Use of alcohol - Intense men-  
tal exertion will cause it  
when there is a predis-  
position - The symptoms  
of the chronic form are the  
same, but not so severe -  
This may be due to disease  
of the bones - Softening of  
the Brain - This is often due  
to disease of the blood  
vessels at the base of the  
Brain - such as ossifica-  
tion - Occurs often in the  
aged - This disease brings  
on a fatal Paralysis -  
Red Softening is a differ-



Gent. Calcium may be used.  
It is very useful in the last form.  
its benefit in the former is very  
questionable. Cobalt is without  
ed the most effectual remedy which  
can be used in administering the  
secretion of all mucous mem-  
branes. Iodine in throat medicine  
are secreted through the lungs &  
in passing through the mucous  
membranes it lessens and at  
length stops the secretion. Co-  
pauin is an applicable remedy  
in Chronic cases and when  
there is no fever. Tonics of the  
more powerful kind should  
be used - Quina. Bark. Tinct.  
Ferri Chlor. Tinct. Pruni - Virg.  
In the most inveterate cases  
Cod Liver Oil is the best remedy  
for it builds up the constitution

There is no disease in which  
a change of scene and air is  
more beneficial. The chamber  
must be sufficiently warmed  
and elevated. Do not muffle  
up the throat and neck when  
going into the open air.

Whooping Cough The Larynx  
may be affected with spas-  
modic croup, and also  
the Bronchial tubes may be  
affected with a spasmodic  
inflammation. Whooping cough.  
The disease is characterized  
by Bronchitis. Fever and a  
prolonged cough. It is not  
a disease of the lungs proper.  
A modern disease, in ac-  
count of it until the last  
part of the 16th. Century.

ent thing. This is an in-  
flammation. Softening of  
the Brain would be treat-  
ed by Tonics, while Red Soft-  
ening would be treated on  
the antiphlogistic plan.

Meningitis. Often ushered  
in by a chill. Vomiting.  
Great pain in the head. Face  
contracted. Pulse increased.  
Constipation. The pupil is  
at first contracted afterwards  
dilated. The acute form may  
last a week. The fatality  
of acute Meningitis is three  
out of four. Treatment.  
Antiphlogistic. If the  
patient is vigorous don't  
hesitate to bleed. Use in a  
bladder, pounded and  
mixed with lard, ap:



pled to the head. Purg-  
Calomel gr.  $\frac{1}{2}$ . Magnesia.  
In order to relieve the  
great pain it is justifi-  
fiable to employ Opium in-  
jections. Chronic Meningi-  
titis. Similar to the  
acute form, but the symp-  
toms are not so marked.  
Treatment. Mildly an-  
tiphlogistic. It is dif-  
ficult to diagnose this dis-  
ease from Insanity.

Tubercular Meningitis.  
Common in Children.  
Pain in the head. Vomiting  
Sometimes of a remittant  
character. The child thrusts  
its head back in the bed.  
This is a fatal disease in  
almost every instance.

More frequent in temperate than  
in the hot climates. More fatal  
in cold seasons. One of the  
most fatal of all the Epidemic  
diseases. More fatal in females  
than in males. More fatal among  
the poor than the rich. One of  
the most contagious of the diseases  
of the Epidemic. There is a  
stage which precedes the invasion.  
This varies from 2 to 8 days.  
Very apt to follow an Epidemic  
of Measles. Watery eyes -  
Running nose - Frequent  
fever. Cough dry and hoarse.  
Until the cough appears the  
disease is precisely like mumps.  
The cough is paroxysmal.  
Then come on without any  
premonition. The cough con-  
sists of a number of successive

in forcible expirations. This  
delays the passage of the  
venous blood in the lungs.  
The face becomes very red.  
After a number of coughs there  
is a sensorious inspiration  
called whoops - at the close  
of the coughing paroxysm some  
ropy mucus will be expelled  
or it may bring about  
Emesis. In the interval of  
the paroxysms there are the  
physical signs of Bronchi-  
tis. Silent rales - In favor-  
able cases the disease ter-  
minates in a condition of simple  
catarrh - and the child will  
be healthy nearly free of suf-  
focation in this disease.  
This sometimes dies of more  
exhaustion - The children



Caused - By disordered nutrit.  
ion. Exposure to the sun's  
heat. There is almost always  
a squint. <sup>the</sup> We should always  
engage into the hereditary  
tendency. The tubercles are  
usually found at the  
base of the Brain. The lungs  
are often diseased in com-  
bination with Tubercular  
Meningitis. Treatment -  
Laxatives. Iodide of Potass.  
ium. Cod-liver-oil -  
Dressing the head with I.  
odine. If the child belongs  
to consumptive parents a  
best nurse (Dr. Peppers' Irish  
Cow) should be immediate-  
ly procured. If the child  
lives it should not be al-  
lowed to engage in severe  
mental exercises. It

Should not be exposed to  
the heat of the Sun.

Hydrocephalus. Effusion  
from congestion. Congen-  
ital. Individuals have  
lived for a number of years  
with this disease. There  
is another pathological  
state known as External  
Hydrocephalus. This is  
not a disorder in the sub-  
stance of the Brain - but  
lies upon the brain - from  
Treatment. Adopt the sup-  
porting plan. Para-  
centesis is sometimes jus-  
tifiable. Iron justifies.

Tumors of the Brain. May  
be fibrous, tuberculous or  
cancerous. Headaches

duration of the disease is  
from 2 to 4 months. The dura-  
tion of the incubating cutaneous  
about 2 weeks. The length of the  
epidemic element - many times  
of an outbreak. Disease - Capillary  
Bronchitis - Phthisis - Deformities  
Septicemia of the Stomach - Tubercu-  
lar meningitis - Many of the cases  
of Convulsion of the Spine are caused  
by whipping child. Is a  
constitutional disease -  
Measles and whipping child  
are very nearly related to  
each other. Treatment.  
For the Cutaneous stage treat  
on general principles. Do not  
try to weaken the patient  
for - the disease cannot be cut  
short - it must run its course.  
Antispasmodics have been



used. Of the Belladonna it  
the best. It must be given con-  
tinually the pupil is more or less  
dilated. it must be kept in  
this condition. It should not  
be given in quantities large  
enough to produce trouble of  
the Brain or to interfere with the  
patients rest. In this is more  
essential than anything else  
we may give  $\frac{grs}{12}$  of a child  
or  $\frac{grs}{10}$  of an adult - more or  
less. It may be regard-  
ed as the next most useful  
remedy. Bismuth given in water  
or - The Precip. Carb. of Iron  
is especially adapted to re-  
duce the force of the peristalsis  
given by giving from once  
amblyoma. Colic  
Dysent. is very useful.

of a remittant character. Treatment - Must be regulated in accordance with the character of the Tumor.

Apoplexy. Hemorrhage into the substance of the Brain. Generally no convulsions in this disease, and from this fact we can form a differential diagnosis between this affection and Epilepsy. This disease is very dangerous. If there is Dropsy we may infer that the effusion in the Brain is serous. If the patient is suffering from Bright's disease we may suppose the cause of the Apoplexy to be uræa in the blood. This disease is

very likely to recur. If the patient recover, the intellects will return before motion - and it is usual for the lower extremities to have the power of motion sooner than the upper.

Predisposing Causes. White softening. Moderate plethora. Disease of the Heart. Dilatation. Hypertrophy. Very strong emotions. Anger. Gout. Treatment.

In plethora patients we should bleed - Cold to the head. Croton Oil grs ij in sweet Olive oil. Cups to the back of the neck. Don't treat the Paralysis for several months after a severe



The great point is to endeavor  
to quiet the disease, not to cure  
it.

Asthma is a nervous disease  
in which there is a difficulty-  
Dyspnoea is a difficulty of res-  
piration but it is a mere  
symptom of other affections.  
Emphysema. In this there is  
an habitual difficulty of breath-  
ing. When the chest is open-  
ed after death the air does  
not rush in and cause the  
lung to collapse - but the  
lungs protrude from the open-  
ing made. The lung substance  
is abnormally hard - and  
when put on water the piece  
floats very high. Generally  
Emphysema affects both lungs -  
when this is the case the dis?

disease is usually congenital -  
or is due to some imperfect  
state of the walls of the air cells.  
Frequently many of the air  
cells become fused into one -  
due to a sort of fatty degener-  
ation. Emphysema re-  
acts upon the heart - and  
gives it extra work to do -  
Therefore Stenosis with  
or without dilatation may  
be caused. As a proof of this  
fact that this disease is  
hereditary the fact that it  
has been found affecting the  
child at birth. The chest  
loses its conical shape  
and becomes more oval  
than normally - The move-  
ments of the respiratory  
act are interfered with



attack of Apoplexy. We should not employ Mus<sup>my</sup> Torment or Strychnia for some time after a severe attack, but they may very well be employed for the cure of the Paralysis after a long interval.

Diseases of the Spinal Cord.  
Spinal Meningitis. Considerable pain attends this disease. The body is often bent in various ways. Partial paralysis of the limbs below the injury, and of the various organs is one of the Sequela. The danger of this disease is proportioned to the position at which the lesion exists. The treatment will be spoken of in con.



nected with Myelitis -

Myelitis. <sup>Inflammation</sup> of the Spinal Cord. Pain is a symptom. Paralysis very soon established.

Treatment for Myelitis and Spinal Meningitis.

In the acute forms we may sometimes bleed. Cups - Sinapisms For Tabes Dorsalis or the chronic form we should employ Tonics.

Congestion of the Spinal Cord.

This may occur in the substance of the cord itself, or in its membranes.

Treatment would be the same as that for Congests.

and breathing becomes abdom-  
inal. Expiration becomes long  
er and more labored than  
Inspiration. By putting the  
hands upon the chest there  
is no vocal fremitus discov-  
ered. Percussion is abnor-  
mally resonant. In front  
we frequently (when compli-  
cated with Bronchitis) have  
the subulated rhonchus. Be-  
hind the Rhels are moist.  
The chief symptoms are Dis-  
pnoea - and alteration in  
Speech - This latter is inter-  
fered with by the small quantity of  
air - Rortals are detected -  
Troubled expression - This  
disease is frequently par-  
oxysmal. This is due to a  
nervous complication which



almost always exists. These attacks are like those of pure Asthma - and generally occur in the night time. The patient will rush out of bed and often hurry to the open window. There is great distress. If the attack is caused by Catarrh - it will last longer than when it is due to a nervous element. Emphysema is rarely fatal when uncomplicated. Pneumo-thorax occurs only on one side and may be distinguished from Emphysema by this fact. If Pneumo-thorax were to affect both sides death would immediately occur. Treatment. Sometimes Emulsi are



## Concussion of the Brain

Paralysis. - This is not a disease - it is merely a symptom. It is no more a disease than Dropsy is. In our Treat-  
ment of this symptom we must remove the cause. If it be due to inflammation the antiphlogistic plan is the proper one. There are several forms of local palsy. Facial palsy. Cramp-  
ing palsy. Cramping palsy is probably due to im-  
paired nutrition. Hysterical paralysis is an-  
other form.

## Functional Diseases of the Nervous System

Epilepsy. - Just before The

attack, the paroxysm some-  
times has a peculiar sensa-  
tion. Sometimes involun-  
tary discharges take place.  
The paroxysms usually last  
about three minutes.

Frequently the convulsions  
are ushered in by a scream.  
The frequency of the attacks  
varies. There is a light  
form of Epilepsy which  
although is very danger-  
ous. In this form we  
have no convulsions  
but the mind seems to be  
lost for a minute, the  
lips may become blue.  
Epilepsy predisposes to  
Idiocy. This disease  
may also be hereditary.  
It is very rarely cured.  
Etiology - Tubercle. Gas.



needful in order to aid in  
throwing out the mucus.  
Iron is useful in this di-  
sease as a tonic. Expector-  
ants This should not be too  
given. The disease is ne-  
cessarily incurable. but it  
may be palliated.

Asthma. Is rarely only  
nervous but is almost al-  
ways complicated with  
Emphysema. This is un-  
doubtedly an hereditary di-  
sease. Some suffer most  
when in a dry climate  
others in a moist. A spi-  
rysm may be brought about  
by an overloaded stomach.  
All exciting motor nervous  
phenomena are more likely



ly to take place during sleep  
at night time. Symptoms.  
Sense of weight and oppres-  
sion. There are no anatom-  
ical lesions. As the fit pass-  
es off the patient falls asleep  
very much weakened. The  
spasm may last for only  
a few minutes, or it may  
continue for hours. Physi-  
cal signs distinguish it  
from Emphysema. Treat-  
ment. Remove the cause.  
If due to an overloaded  
stomach, evacuate it.  
The mind should be acted  
upon, use some stimulant  
none is better in the early  
stage than a cup of strong  
coffee. After the spasm  
has once begun relaxers

the irritation. Cancer. Ir-  
ritation of the Bladder -  
Disease of the bolus - Pres-  
ence of a spicula of bone -  
When due to any lesion  
in the brain the disease  
is called Centric - when  
due to remote disorders  
it is called Eccentric  
Epilepsy. Dr. Pepper be-  
lieves that in nine cases  
out of ten this affection  
is due to some disease  
in the Brain or elsewhere.  
Dr. Marshall Hall believed  
this disease to be due  
to irritation of the Larynx,  
causing contraction, and  
therefore imperfect aeration  
of the blood. This  
disease is sometimes  
feigned - but there is



much that can not be  
simulated. Treatment.  
Do not bleed during the  
paroxysm, little indeed  
can be done until the at-  
tack is over other than to  
procure fresh air. Trache-  
otomy has been performed,  
not only during the par-  
oxysm, but also in the inter-  
mission, in the hopes of  
making a permanent  
cure. Dr. Pepper thinks  
this operation objectionable  
Jones. Bromide of Potass  
air. Antispasmodics.  
Valerian. Nitrate of Sil-  
ver is not indicated.  
Linn. The treatment  
must be also moral.  
Exercise.



must be employed. Opium  
in small doses better to give  
Belladonna. better than all  
remedies is Lobelia. from  
grs xx to xxx of the official  
Tincture may be employed.  
The breathing of the fumes of  
burning paper relieves  
many persons almost im-  
mediately. Many smoke  
Stramonium - or Belladonna.  
This latter substance may be  
used by crushing the root &  
incorporating it with Tobacco.  
Particular care should be tak-  
en of the digestive organs.

Pharyngitis. Infrequent in infan-  
cy - more often occurs in ad-  
ult life - Dampness and  
cold are the most frequent

causes. Violence, wounds  
may cause it. In Purpural  
peritonitis is frequent. It is  
a common disease in Rheum-  
atism - frequent also in Bright's  
disease. It may be inter-  
lobular or costal - plural.  
The earlier stage is character-  
ized by inflammation. Then  
an exudation of serum.  
This may be mingled with  
the serum. The exudation  
may be very scanty and con-  
stitutes Dry Pleurisy. When  
near the false membrane  
are left - internally they be-  
come dense and organized  
containing blood vessels. This  
ultimately form connective  
cellular tissue. The mem-  
brane is not deposited



Chorea. Is a common disease. The word means to dance. The left side is more generally affected than the right. Sometimes the face is particularly affected. Incontinence of urine is but a form of Chorea. Sometimes the disease is periodic. Causes. Masturbation. Disordered menstruation. Undue study. Lack of proper exercise. Irregular habits. Stammering is generally a form of Chorea. Chorea does not often end in Idocy. Dr. Pepper believes this disease to be due to impropor exaltation of the nervous system. Dr. Carpenter believes it to be



due to disease of the Cerv.  
bellum. Treatment.  
Tonics. Nutritious diet.  
Argent. Nit. Valerian.  
Hoffmann's Anodyne  
Bathing. Friction. Ex-  
ercise. Exercise.

Neuralgia. Meaning Pain.  
This pain is sometimes burn-  
ing, sometimes pricking -  
then again it is a mere  
numbness. it is intermit-  
tent. No evidence of heat,  
swelling or redness about  
the point of pain. Etiology.  
Most frequent in those of  
a nervous temperament,  
therefore common in wo-  
men - ranging from the age  
of 15 to 45. Fatigue. Study.  
impaired diet. cold, air

equally every where but are often collected in patches. The heart may be displaced from its normal position. If Pleurisy exist on the right side the liver may be thrust down so that it may be felt below the ribs. The deposit is sometimes honey combed. Symptoms. - Signs of inflammation of a serous membrane.

Frequently ushered in by a chill - usually followed by a stick in the side - This is painful. There is a cough with our expectoration. Pulse full and bounding. In some cases there is little or no pain and equally little fever. This is usually occasioned by very rapid and large exudation.



The blood is very fetid -  
sometimes rising as high as  
Hana. There is dyspnoea - The  
oppression is proportioned  
to the rapidity of the exuda-  
tion - and its quantity - The  
patient usually lies upon the  
affected side - but there are  
now and then exceptions -  
Cyanosis is the first symptom -  
At the early part there is a  
friction sound - caused by  
the rubbing of the faces of the  
pleurae together which are  
now abnormally dry - The  
respiration is noticed to  
be jerking - The affected  
side moves less - The sound  
side does extra work &  
Therefore there is more move-  
ment of that side - On the



all predisposing causes to Neuralgia. Some believe that the disease is due to an undue excitation of the nervous system. Slight pressure increases the pain, former pressure relieves it. Dr. Pepper is convinced that neuralgia is in 99 cases out of 100 due to congestion. This congestion may not be at the seat of pain, but in the course of the nerve.

Gonorrheal Rheumatism sometimes resembles Neuralgia. This disease is more painful at night than through the day. Prognosis -

This affection is almost never fatal, but is frequently renders life miserable. Local neuralgia affect:

ing the supra or infra or-  
bitab nerve is extremely  
painful. Diabetic, is  
another form of neural-  
gia. Sometimes caus-  
ed by a collection of flu-  
id matter in the ves-  
ture, pressing upon the  
nerve. This might be  
confounded with Rheum-  
atism. Neuralgia  
of the chest might also  
be confounded with  
Rheumatism. But the  
Neuralgia is chiefly  
over the rib or its edge,  
whereas the Rheumat-  
ism, would be found  
over the intercostal mus-  
cles. Treatment. Avoid  
the predisposing and  
exciting causes. Tonics.



side where the effusion is complete there will be no vocal phenomena felt. When the effusion is large percussion is flat - absolutely so. The dullness may diminish at a superior part of the chest where the effusion has actually increased. This is due to the decline of the accumulated liquid effused. The conducting power of the liquid will bring the sounds to the ear with increased force. Argophony is a sign of the presence of fluid when heard. Acute Pleurisy lasts from 2 to 3 weeks. When uncomplicated - and idiopathic it uniformly gets well. Diaphragmatic Pleurisy is a variety. The cough is more



paroxysmal and gives great  
pain. The greater pain is  
felt at about the 10th rib near  
the Linea alba. The respira-  
tion in this form is perform-  
ed by the ribs. The abdomen  
scarcely moves. The dyspnoea  
is excessive. There is what  
is called Intercostal Pleur-  
isy. In this disease there is  
a deposition of matter be-  
tween the lobes of the lungs.  
This matter sometimes al-  
ludes through the walls  
of the lungs and is discharg-  
ed into the bronchial tubes.  
There may be Latent pleur-  
isy. Symptoms of Pleur-  
isy. Stitches in the side -  
Cough without expector-  
ation. Absence of the Ves

In those forms of Neuralgia  
in which there is a little  
inflammation, we may  
apply a few leeches. If  
there be congestion, small  
blisters, may be applied  
over the seat of pain.

Bellodonna Plaster. Cam-  
phor. Chloroform. Ma-  
gindis Solution of Morphine  
grs xv injected into the  
cellular tissue of the pain.  
The part, is a very val-  
uable remedy. Fowler's  
Solution.

R  
Vallis Ferri Carb. ℞i  
Sulph. Quinca Gr xxx  
Ext. Bellodon. Gr iv  
St. Ignat. Baum Gr viii  
M. Mix in pil xxx.  
D. Take one before each meal.



Hysteria. Very rarely occurs in man. In a female it is usually due to uterine disturbance. During the paroxysm the patient knows everything that is going on, and hears every thing that is said. This would distinguish it from Epilepsy. The face becomes flushed during the attack. There is a form of this disease in which the patient seems to live for no other object than to deceive the physician. This is purely Hysterical. The girl will tie a cord around her leg, above the knee, and will then show her doctor how her foot is swollen.



calus murmur - Dullness  
on percussion - Pleurodyn-  
ia is often mistaken for Pleurisy  
and vice versa - For this reason  
on some suppose that Pleuro-  
dynia - Pneumonia may  
be confused with Pleurisy -  
The first sign of Pneumonia  
is a fine crepitant Rhonchus -  
The first sign in Pleurisy is  
a friction sound - Bronchus  
voce and respiration are  
signs of Pneumonia -

Treatment of Acute Pleurisy.  
Object to remove pain and  
palliate the symptoms. If  
we see the disease at the very  
outset - and it be in a robust  
individual - it will be well  
to bleed - Cupps may be used  
these are more effective than

lucked. Cloths wrung out  
of hot water - or Stimulat-  
ing warming poultices  
may be put over the Chest.  
Depletion should be car-  
ried on internally - at the  
same time a purgative of Tarter  
emetic and Salap. Tuce.  
Alleviate the cough by using  
Opium - but do not seek to  
remove the cough. If the  
effusion has taken place -  
it must be removed -  
Some have urged the em-  
ployment of Mercury - but  
Dr. S. does not think this  
advisable. A large blis-  
ter placed over the affec-  
ted side - allowed to draw  
fully - (on some for 1 hour)  
will certainly aid nature



She will want the Dr. to draw off her water - which the nurse had better do, & not the doctor. Treatment -

Nutritious diet. Tonics.

Antispasmodics.

Eclampsy - Is but an aggravated form of Hysteria - Occurs frequently in men. The patient has a deathlike look - The limbs remain in any position in which we may choose to place them, even when raised up in the air.

Tetanus. (Idiopathic). Often begins with a sore throat. The jaws become closed and rigid. Sometimes the rigidity of the muscles extends to the lower extremities.



ties. The muscular rigidity is not so marked in this form as in the Traumatic. Causes. Atmospheric changes. Varying temperature in the Idiopathic form. but not as much so as in the Traumatic. After death no lesion is found. Traumatic Tetanus is due to reflex irritation. There is a form of Tetanus which affects young children. Some suppose this to be Traumatic, i.e. caused by the cutting of the umbilical cord. followed by Phlebitis of the Umbilical vein. Treatment. Opium is our main

cally in the removal of the  
effused liquor - Saline  
laxatives - Scimiters - and  
Diaphoretic may also be  
employed to the same end.  
Chronic Pleurisy - Often an  
accompaniment to Phthisis.  
The effusion is generally large  
in this form - There is gener-  
ally less dyspnoea - than in  
the acute form - The patient  
usually lies either upon the  
back or upon the affected  
side - The coughing is very  
wearying - If Chronic pleu-  
risy lasts for a long time and  
there be much effusion there  
will be oedema of the exten-  
sities. Treatment - Iodine  
and Emuents - Cod liver  
oil - Potas. Iod. Saline



demulcents Digitalis maybe  
employed if the patient be  
strong - but they must not  
be pursued in too long for  
they will probably do no good.  
The patient should take  
exercise - and take every  
means for improving the  
general health. Evacu-  
ating the liquor may be done  
by opiation. This should be  
done if there be an advanced  
deposit of tubercle.

Pneumonia - Disease con-  
sisting of the deposit of liquor  
sanguinis into the connec-  
tive tissue and air vessels  
of the Lungs. There are  
many varieties - acute  
chronic - may occur



remedy. The system will tolerate a surprising quantity of this drug in Tetanus. Belladonna may be used. Cramps. If supposed to be due to Gastric disorder - such as worms we should employ Turpentine.

Delirium Tremens. In its mildest type it is called the "Horror"! A patient suffering from this, imagines horrible scenes. At night these imaginations become convictions. Sometimes they imagine that serpents are hissing at them. at others they believe that mice and rats are crawling over

over their bodies. Dr. Phipps gives an interesting account of a patient who believed he was at the Opera house in his shirt tail, and that young ladies were pointing their opera glasses at him.

He stood endeavouring to conceal his nakedness from his supposed admiring spectators. The tumor is one of the symptoms of this disease.

The pupil often becomes very much contracted. The pulse is frequent.

Sometimes this malady ends in sleep after several days of wakefulness. At other times the disease ends in Epileptic conv.



at any period of life - more  
frequent in young adult life  
chief exciting cause - Proton  
get and more cold - Some  
times it is epidemic - and  
is independent of cold and  
moisture - There are 3 stages -  
1st. engorgement of the blood  
vessels - 2nd. The lung at this  
stage is dark - and does not  
crepitate - it will float at  
this stage - If it be incised  
a frothy liquid will follow  
the course of the Scalpel - 2nd  
Stage - The fibrinous album  
inous matter is poured in  
to the intervascular places  
and into the vessels them  
selves - The lung now resem  
bles the liver - and is called  
Red Hepatization - a cut



surface will present a  
spotted appearance -

In secondary Pneumonia  
or Splenization the fibrin  
in the vesicles is deficient.  
The fibrine is expelled in  
the Pneumonic Sputa -

Symptoms of acute primary  
Pneumonia - Generally a

sudden onset. begins with  
a rigor. Starts in the side -

The pain is now always lo-  
cated where the inflammation  
is actually is - Respiration  
hurried - in adults runs to

30 - in children to 50 or 60  
minutes - Disproportionately

In two or 3 days the Sputa  
become characteristic  
Rusty - at first reddish - in  
may become yellowish -

vulsions. There are frequent-  
ly so severe that the pa-  
tient must be strapped  
in bed. First attacks  
are not dangerous - each  
one after is more so. Af-  
ter death serum may  
be found in the ventri-  
cles of the brain. There will  
also be an alcoholic od.  
or. Opium will pro-  
duce a kind of Delirium  
Tremens - the same may  
be said of Tobacco. Dr.  
Pepper believes that the  
disease is due to the ir-  
ritation of Alcohol upon  
the nervous system.

Treatment. In mild  
cases, but little need  
be done - but even here  
Opium should be used.

In the severer cases we  
must use a little Al-  
cohol with opium -  
Laudanum - gtt IX  
as an enema may be  
given if opium will  
not affect the patient  
given by the stomach.  
Dr. Pepper puts the Al-  
cohol in a decoction of  
Worm wood, the patient  
then, does not know  
that he is taking liquor.  
Sometimes the vomiting  
is excessive, if it is we  
must allay it. if not  
excessive we should al-  
low it.





The Sputa are very mucous  
more so than in any other  
disease. There may be no  
Sputa whatever in some cases  
of Pneumonia. Physical signs.  
The first is a change in Respi-  
ration. Diminished expansion  
on percussion for 2 or 3 days.  
Resonance diminishes until  
the lung is perfectly flat. In  
children the percussion is not  
very dull. Inspection  
shows a less movement on  
the affected side. Auscultation  
in the former stage leads  
is that the respiratory mur-  
mur is decreased and may  
be harsh and rattle. The  
next change is the Crisp rattle  
at the base. This is heard  
only on inspiration. Some-  
times when the inspiration is

deep. In children the Rhonchus  
is frequently sub crepitant.  
At length the respiration be-  
comes noisy. After the liq-  
uid has become solidified  
and the lung be hyperaemic  
all noises will be stopped  
and nothing will be heard  
but the air passing in the  
large bronchial tubes. This  
will form Bronchial Respi-  
ration. When the expiring  
and and absorption of the  
solid matter begins we have  
A sub crepitant rale called  
Rale sibilans. The respira-  
tion in the unaffected lung  
will be increased or purr-  
fervor follows the initial  
chill - pulse from 90 to 100  
in adults, much more  
frequent in children -

The rapidity of the pulse seems  
to be in direct proportion to  
the severity of the attack -  
Death is often caused by the  
formation of a clot in the right  
side of the heart - Fever is  
greatly in excess. The skin  
is very hot - often over 100.  
Headache is often severe at  
the first part of the disease -  
There is often much vomit-  
ing. There may be diarrhoea.  
The face is flushed. There is  
often a circumscribed flush  
on one or both cheeks, more  
frequently on one and then  
on the side of the <sup>down</sup> face -  
There are sometimes what  
are called walking cases.  
This usually occurs in the  
eyelids. In favorable cases



The symptoms subside at  
the end of one week. The  
dullness and bronchus  
purulent generally last  
longer than other symptoms  
have left. In unfavor-  
able circumstances the patient  
becomes sapsid and weak-  
ening after a want of pow-  
er to expectorate the patient  
presents a pinched express-  
ion and dies of asphyxia. These  
are the unfavorable symp-  
toms when death takes place  
in the 2nd stage. When  
death takes place in the  
3rd stage the patient goes  
into a comatose state.  
Belious Convulsions  
Belious stools. A yellow disc-  
of the skin. Typhoid

Pneumonia. Breathing hurried and oppressed.

Delirium takes place early.

Sputa become thin purulent and greenish. Looking like decayed gravel.

No fine crepitus heard. but a sub crepitus or murmur.

Pharynx. Lobular Pneumonia.

A disease of very questionable existence.

Consists of a collapse of the separate lobules. This is

what is called Interlobular Pneumonia.

What is very

strange about this disease

is the fact that merely during the

the Puerperal period we

find the physical signs of

Sputa of Pneumonia in

There is not such a thing as

Hydrostatic Pneumonia

Intercurrent Pneumonia.  
is merely Pneumonia com-  
plicating any other disease.  
Diagnosis. Fine dry crepitation.  
Bronchial Respiration. Rusty  
Sputum are conclusive signs.  
Even if we have Sub crepitation-  
Rhonchus and this exists in  
only one side and in connection  
with this there be Bronch-  
ial voice we may ascribe  
the presence of Pneumonia.  
In Pharynx the vocal fric-  
tion is increased in Pneumonia.  
It is decreased - Prognosis.  
In nursing children it is  
almost always fatal -  
Generally so if occurring be-  
fore the 6th year. More fatal  
to females than males. Very  
fatal to Brunkards. No  
dangerous complications



fevers. More fatal when occur-  
ing in the left right than in the  
left. more so when affecting  
the apex than when occurring in  
the base. The worst symptom  
is a rapid weak and irreg-  
ular pulse. Generally showing  
the presence of a heart clot.  
Purulent or tobacco spit  
sputa is a dangerous sym-  
ptom. An arrest of expecto-  
ration is an unfavorable  
sign. Locatment. Unless em-  
ployed at the very outset in  
the forming stage it is utterly  
useless so endeavor to cut  
the disease short. it must  
run its course. As to bleed-  
ing. it should only be applied  
in the first stage. when we have  
seen firm cupulae refused to

Under these circumstances  
bleeding is of course a disadvantage  
but it is as surely injurious  
if this stage be passed -  
It is a mode of Treatment  
only to be resorted to in the  
robust. By Bleeding this  
disease is not cut short  
and it is doubtful if it  
can bring it to a more  
speedy termination - "but it  
contracts all of the features  
of the disease - it is a palliative  
in means - Scutar Emulsi  
was discovered (by Rasori  
an Italian) to be a sedative  
to the circulation and as  
useful in Consumption. The  
doses were fabulously great  
Some grs  $\sqrt{v}$  or  $\sqrt{vj}$  may be given  
in 24 hours in some cases

with benefit. The first dose  
may be about gr<sup>ss</sup>. It should  
be given only in the first stage  
and if it is tolerated at first  
we may reason that it will  
be injurious. It should not  
be given to children under  
any circumstances. Prof.  
Stillé believes "Lactar Emulsi" to  
be a dangerous remedy and  
has given it up. "Quatrum  
Vulgaris" has been a distinguished  
remedy lately but it is no more  
confessed than Lactar Emulsi.  
Mercury is not a proper  
remedy. Blesters cannot  
limit the duration of the  
disease but they assuage  
the suffering of the patient.  
By acting as antiseptics they  
seem to excite a more  
speedy absorption of the effluvia



Stella

